

Connecting the Dots to Health

*An Evaluation of the Los Angeles County Department of Public Health's
Health Impact Assessments of the Parks After Dark and
Women's Re-Entry Court Programs*

*June 2016
Conducted by Human Impact Partners
for the Los Angeles County Department of Public Health's
Health Impact Evaluation Center*

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Acronyms Used in this Report

| | |
|--------|---|
| BOS | Los Angeles County Board of Supervisors |
| CBO | Community Based Organization |
| CCJCC | Countywide Criminal Justice Coordinating Committee |
| CDCR | California Department of Corrections and Rehabilitation |
| CDIPD | LACDPH Chronic Disease and Injury Prevention Division |
| CEO | Los Angeles Chief Executive Office |
| CTG | Community Transformation Grant |
| DPR | Los Angeles County Department of Parks and Recreation |
| HIA | Health Impact Assessment |
| HIEC | LACDPH Health Impact Evaluation Center |
| IVPP | LACDPH Injury and Violence Prevention Program |
| LAC | Los Angeles County |
| LACDPH | Los Angeles County Department of Public Health |
| PAD | Parks After Dark Program |
| PI | Prevention Institute |
| SAPC | LACDPH Substance Abuse Prevention and Control |
| SSP | Safe Summer Park Programs |
| WRC | Women’s Second Chance Re-Entry Court Program |

EXECUTIVE SUMMARY

Background

The Los Angeles County Department of Public Health's Health Impact Evaluation Center (HIEC) hired Human Impact Partners in 2015 to conduct an external evaluation of two of its recently completed Rapid Health Impact Assessments (HIAs). Broadly, the goal was to learn lessons from past HIAs and inform HIEC's work moving forward. The evaluation focused on the Parks After Dark (PAD) HIA and the Second Chance Women's Re-Entry Court (WRC) HIA. Parks After Dark is a comprehensive, cross-sector collaboration program designed to prevent violence and promote healthy and active living in parks. The WRC is a specialized court-based jail diversion program that provides mental health and substance use disorder treatment along with housing, employment, and family reunification services. The primary goal of both HIAs was to analyze the impacts of maintaining or eliminating funding for the respective programs upon the populations that they served. The PAD HIA also considered the potential impact of expanding the PAD program to ten additional parks.

Summary of PAD & WRC HIA Process

- Led by HIEC/LACDPH
- Involved other county/city agencies
- Conducted in relatively rapid timeline (<10 months)
- Used various methods including literature reviews, surveys or interviews focus groups, and secondary data analysis
- Analyzed program impacts on health outcomes and health determinants
- Included cost-benefit calculations (cost of program vs. health/criminal justice costs)
- Recommendations made for decision-makers, program implementers, and public agencies
- Findings disseminated widely
- Relatively few challenges reported – most related to obtaining data from others
- Very positive feedback from HIA participants about process and impacts

Summary of Evaluation Findings

Based on interviews with 30 key informants, document review, and assessment of the HIA's compliance with established HIA practice standards, we found that both the PAD and WRC HIAs completed a comprehensive HIA process in a relatively rapid HIA timeline and the HIAs resulted in a number of important impacts including:

- ❖ **Both HIAs achieved almost all HIA Minimum Elements, a majority of HIA Practice Standards and achieved their stated objectives¹**
- ❖ **The HIAs were Very Informative, Timely, and Relevant to Decision-Making Processes**
 - *The WRC HIA “was the number one/touchstone piece of evidence used to propel these efforts [to support diversion programs] forward.”*
 - *The PAD HIA “really changed the landscape and helped frame violence prevention as a health and cost savings measure and was able to concretely show their impact.”*

¹ The completion of this evaluation helped contribute towards the PAD and WRC HIAs' attainment of minimum standards of HIA practice. For more info about the HIA Minimum Elements and Practice Standards, visit: <http://hiasociety.org/?p=547>.

- ❖ **The HIAs Helped Increase Local Commitments to Program Funding:** PAD currently receives \$2.1 million for 2016 programs, expanding from 6 to 21 parks, and has increased funding commitments from the County Chief Executive Office, Probation Department, LA Health Agency, Kaiser Foundation, and others. The WRC Program is no longer reliant on state CDCR funds and is now supported by LACDPH using AB 109/Realignment funds and the General Fund.
 - *“This [PAD HIA] Report got all the funding that we have right now.”*
 - *“PAD expanded in a tough budget cycle is something that’s almost unheard of.”*
 - *“The [WRC] HIA helped kickstart a conversation about how to increase local investment that the county has discretion over. It took months, but the HIA helped lead to having AB 109 funding be used to support the program locally and build local support for this type of programming.”*

- ❖ **The HIAs Provided Needed Data Which Described Impacts on Health**
 - *“When you put the statistics and data together, it makes the reality of the program’s benefits clear to all, the data speaks volumes.”*
 - *“The HIA helped make a light bulb go off in terms of how PAD impacts mental health, physical health.”*

- ❖ **Both HIAs Found Impacts on Health Determinants**
 - *“This HIA opened our eyes that the more holistically you come to problems facing drug users the better. Employment, housing, family – you never know what piece an individual will respond to, but a holistic approach adds more value.”*
 - *“From the beginning, PAD is a good example of how you can have collaboration across sectors that result in a whole host of impacts – e.g. on family, mental health, substance abuse, tobacco, unemployment, etc. The HIA helped document those impacts.”*

- ❖ **Both HIAs Highlighted Programs’ Relationship to Priority County Topics**
 - *“This HIA... was able to identify intersecting priorities. For example, the county has invested a lot of money into a plan to address homelessness. This HIA showed how the WRC can impact homelessness, a connection that may not otherwise have been made.”*

- ❖ **Both HIAs Strengthened Existing and Fostered New Collaborations Among Government Agencies**
 - *“In general, we tend to be siloed in our departments. The HIA helped show [decision-makers how] health is a part of each of the departments and has cross-departmental impacts – e.g. parks impacts health, which impacts mental health, which impacts costs.”*
 - *“We have a connection with public health that we didn’t have before. We can call them up and ask them any questions. No single entity can solve all problems, but a strong bond can help ensure our network is strong, that we are ‘one county family.’”*

- ❖ **Both HIAs Helped Change Institutional Mindsets and Increase Focus on Health**
 - *“When I started at the Parks Department 16 years ago, people used to talk about how living near a park increases the value of your home. This HIA has led to a shift within our department about how we – management and parks staff - talk about the value of our work and of parks in general. We don’t*

just say we do recreation, we say “we are health people” and we improve the health of the community by decreasing diabetes, improving heart conditions, etc.”

- *“This HIA helped open eyes and doors. It showed that we need to do our work differently and that parks are important for good health practices and decreasing violence.”*
- *“This HIA happened at such a critical point in our department’s institutional change. LACDPH is moving towards a systems approach and focus on environmental change policies. We need systems in place to be able to project what future impacts of policies and programs will be. This HIA is a prime example of what that type of approach looks like.”*

Based on our findings, we propose the following recommendations for HIEC to consider in its future work. Our first set of recommendations proposes improvements to HIA steps/processes that, if taken, would support more manageable and effective HIA projects. The second set of recommendations proposes improvements to HIEC’s HIA approach more broadly, that if implemented, would result in a more strategic, meaningful, and impactful HIA practice that aligns with the underlying values of HIA. Please note that these recommendations are not in order or priority.

Recommendations: HIA Steps/Process

1. **Identify strategic co-leads:** Co-lead HIAs with a staff person (ideally a DPH staff person in another division) who is very involved in the program/policy work that is the topic of the HIA.
2. **Improve focus in screening:** Have a clear understanding of decision to be analyzed, what information is most needed, and decision timeline before beginning the HIA.
3. **Avoid “scope creep”:** Have multiple scoping meetings to build relationships, understanding of data needs/availability, and refine the scope at the beginning of the project to avoid scope creep throughout the HIA process and to better conform with the type of HIA you want to conduct (e.g., rapid versus comprehensive).
4. **Improve documentation:** Document who provides input on HIA scope & draft reports. Be clear about the process for characterizing impacts, synthesizing evidence, & developing/prioritizing recs.
5. **Develop a communications and disseminations plan:** Develop a comprehensive communications and distribution plan to disseminate HIA findings to decision-makers, community members, department heads, media, and others. Do active dissemination pre- and post-HIA to stakeholders to build awareness.

Recommendations: HIEC Process Moving Forward

6. **Increase focus on equity:** Engage disproportionately affected community members in HIAs. Analyze avoidable differences and differential impacts. Frame findings with an equity focus. Make sure recommendations address systems change.
7. **Improve stakeholder engagement:** Actively engage a broader range of stakeholders throughout HIA, with a particular focus on engaging impacted communities.
8. **Seek communications support:** Work with communication experts to more effectively frame HIEC’s work and value.
9. **Re-consider whether “Rapid HIAs” are the right fit:** Consider whether using the term “rapid” to describe HIEC’s HIAs – especially when most would consider the HIAs to be comprehensive, even if conducted on an accelerated timeline – adds value to HIEC’s HIA work.

I BACKGROUND AND METHODOLOGY

I.1 About the Health Impact Evaluation Center

The Los Angeles County Public Health Department (LACDPH), with support from The California Endowment and the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, created the Health Impact Evaluation Center (HIEC) to establish core capacity and key technical, interagency, and community partnerships to institutionalize processes for identifying high-priority policy issues and conducting health impact assessments (HIAs). HIEC leverages the policy analysis capacities of multiple LACDPH divisions, as well as external relationships with other government agencies, academic partners, and community groups, in order to expand the consideration of health in policy and program decisions. HIEC aims to inform decision-makers and stakeholders of the linkages between health and non-health sectors and to enhance cross-sector collaborations and partnerships. By bringing a public health lens to policy and program decisions in other sectors, such as education, transportation, and criminal justice, HIEC seeks to improve health behaviors and downstream health outcomes, including chronic diseases and mental illnesses.

I.2 Evaluation Goals and Key Questions

Since its formation, HIEC has conducted three HIAs on local program and policy decisions – funding of the Parks After Dark (PAD) Program, funding of the Women’s Re-Entry Court (WRC), and providing free public transportation passes to students in Los Angeles County.² This evaluation focuses on the two most recent HIAs – PAD and WRC. The goals of this evaluation were to:

- Document the HIA successes/positive impacts (to date) on public policy decision-making, stakeholder and inter-agency collaboration, and LACDPH practice.
- Describe the HIAs’ challenges and document how HIEC addressed challenges.
- Provide recommendations for improving and institutionalizing HIEC’s HIA practice moving forward, considering all steps of HIA practice.
- Assess whether the HIAs met minimum standards of practice.
- Provide feedback to inform how HIEC conducts rapid and comprehensive HIAs.

Appendix 7.1 describes the Evaluation Framework guiding this evaluation, including the three main topic areas (HIA Process, HIA Impact, and the future of HIEC), the general questions we sought to answer, key measures for consideration, and potential data sources.

I.3 Evaluation Methods

This Evaluation is qualitative in nature and was conducted between January and April 2016 using document review, interviews with key informants, and evaluation of the HIAs compliance with *Minimum Elements and Practice Standards for HIA*.

² To view HIEC’s HIAs, visit: www.publichealth.lacounty.gov/pa/PA_Projects.htm. For information about other HIAs conducted by LACDPH (but not necessarily by HIEC), visit: www.publichealth.lacounty.gov/pa/HIA.htm.

In total we reviewed over 25 documents for each HIA including the final reports, executive summaries, workplans, communications, meeting notes, notes from key informant interviews and site visits, presentations, and comments on draft reports. This document review helped inform our initial assessment of the HIAs' compliance with the *Minimum Elements and Practice Standards for HIA*.³ When there was insufficient evidence from document review or additional clarification needed to determine whether the HIAs met the established practice standards, we included a question in the Key Informant Interviews to better determine compliance with the practice standards.

For each HIA, we developed a general key informant interview guide (See *Appendix 0*) and a separate more comprehensive and detailed interview for the HIA project leads. Each interview was adapted for each key informant's level of participation and/or knowledge about the HIA process, findings, and impact and generally took 20-35 minutes on average for general key informants and two hours for HIA Project Leads. The HIA Project Leads selected which key informants to interview based on their involvement and/or knowledge of the HIAs, and/or their potential to utilize HIA findings. The majority of key informants were associated with a public or government agency, a reflection of the primary stakeholders involved in both HIAs. Each key informant was interviewed by phone, notes were taken, and the calls were recorded to ensure accuracy of the notes.

In total, we interviewed 13 key informants for the PAD HIA and 17 key informants for the WRC HIA. *Appendix 7.3* provides an overview of who we initially requested interviews with and who was actually interviewed for this evaluation. Following completion of the key informant interviews, we coded the interviews according to the main themes of the evaluation and used the interviews to inform final completion of the Minimum Elements Table found in *Appendix 7.4* and the HIA Practice Standards Table found in *Appendix 7.5*. Throughout the report, we use quotes from the key informants but have sought to eliminate where possible identifying information.

Table 1: Key Informant Categories

Throughout this report, quotes from key informants are grouped into the following categories:

- **HIA Leads** (*HIAs' primary coordinators and authors*)
- **LACDPH Staff** (*all non-HIA lead staff that work for LACDPH*)
- **Public Agency Staff** (*includes all non-LACDPH Public Agency Staff from Parks and Rec, Sheriff's, Public Defenders, DA, CCJCC, and other city and county departments*)
- **Decision-Maker Staff** (*includes the staff from CEO's office and Board of Supervisors' Deputies*)
- **Other** (*includes Prototypes, Centro CHA, Prevention Institute and other non-governmental and non-profit organizations*)

³ Initially published by the North American HIA Practice Standards Working Group in April 2009, the "Minimum Elements and Practice Standards for HIA" has become an internationally recognized framework for assessing the quality and comprehensiveness of HIAs. This evaluation used Version 3/September 2014 of the Practice Standards.

I.4 Evaluation Limitations

Although this HIA evaluation is fairly comprehensive, there are some important limitations to note:

- 1) **Impacts Still Unfolding:** This evaluation took place between January and April 2016. During this time, the LA County Board of Supervisors decided to expand PAD to 21 parks for summer 2016 and there are other political and funding decisions for both PAD and WRC currently underway. Thus there may be additional impacts of both HIAs that still have yet to happen and would not be included in this report. A subsequent update may be useful.
- 2) **Potential Recall Bias:** The PAD HIA report was completed in September 2014 and the WRC HIA report completed in August 2015. Given the lapse of time between the report publication and the time of key informant interviews, there may be some potential recall bias in the interviews – e.g. informants not remembering all the details of their participation in the HIA process, not accurately reporting time spent on the HIA, etc.
- 3) **Stakeholders Interviewed:** The stakeholders interviewed for this evaluation were directly involved or impacted in some way by the HIAs and were selected by the HIA Project Leads. Due to time and resource limitations, this evaluation does not include the perspective of: (1) Individuals who were recommended by the HIA Project Lead but did not respond to multiple requests for interviews (see *Appendix 7.3*); (2) Community members who utilize PAD and WRC programs or their families; (3) Other stakeholders who may be involved in PAD or WRC but were not involved in the HIA; and (4) Funders. HIEC is planning to conduct a strategic planning process in the coming months and made an executive decision to interview funders and other decision-makers for that planning process rather than for this evaluation. Therefore the perspectives of these individuals are not included in this evaluation.

2 ABOUT THE PAD AND WRC HIAS

2.1 PAD HIA Overview

The Parks After Dark Health Impact Assessment (PAD HIA) was a rapid HIA undertaken “to inform decision-making around the County of Los Angeles (County) Parks After Dark (PAD) strategy.” Started in 2010, PAD is a summer evening park program coordinated by the County Department of Parks and Recreation in collaboration with LACDPH, the Sheriff’s Department, and other government agency and community partners. PAD began as the violence prevention strategy of the County’s Gang Violence Reduction Initiative at three parks. It has since evolved into a cross-sector collaboration to promote healthy and active living through increased access to a wide range of recreation programs, cultural and educational activities, youth leadership opportunities, and health and social services.

Due to PAD’s initial success in reducing violence, high attendance, and community and County leadership support, it was expanded to three additional parks in other communities with high crime rates and obesity prevalence. Expansion was possible through a Community Transformation Grant, which ended two years earlier than anticipated.

In 2013, PAD leadership and partners initiated a formal strategic planning process to determine how to support and sustain the PAD model. The opportunity to develop an HIA came at an opportune time in the PAD decision-making process. The rapid HIA examined three alternative planning options: 1) continue PAD programming as is, 2) expand PAD to include additional parks, or 3) discontinue PAD. The rapid HIA sought to synthesize existing program data and research on the potential impact of PAD on crime, perception of safety, physical activity, and cross-sector collaboration.

2.2 WRC HIA Overview

The Women’s Re-Entry Court Health Impact Assessment (WRC HIA) was a rapid HIA undertaken “to inform decision-making around the Second Chance Women’s Re-Entry Court (WRC), a specialized court-based jail diversion program in Los Angeles County (LAC).” Started in 2007, WRC provides mental health and substance use disorder treatment along with housing, employment and family reunification services to women who are charged with a felony offense or probation violation. WRC is a collaborative effort between multiple agencies, including the District Attorney’s Office, Public Defender’s Office, Department of Probation, LAC Superior Court, California Department of Corrections & Rehabilitation (CDCR), County Criminal Justice Coordination Committee (CCJCC), and the LAC Department of Public Health’s Substance Abuse and Prevention Control Program (SAPC).

Since 2007, the WRC had received the majority of its funding through CDCR grant funding that was approved on two year cycles. The third time that the WRC went before the Board of Supervisors (BOS) to authorize funding, the BOS requested an evaluation documenting the program’s outcomes and effects. Around the same time, CDCR notified LACDPH that state funding of WRC may end and HIEC was looking to do a HIA on a criminal justice topic. WRC partners recognized that they needed to find longer term funding and began to identify their evaluation needs. Conversations between staff at HIEC

and SAPC led to the realization that the WRC may be a good candidate for their rapid HIA process and with WRC partners realized that the HIA could provide the needed evaluation. The HIA synthesizes program data, literature review findings, and focus group results to inform the Los Angeles County Board of Supervisors and other decision makers in Los Angeles County about the potential health, social and criminal justice impacts of sustaining this type of integrated treatment program.

For the full PAD and WRC HIA reports, please visit: http://publichealth.lacounty.gov/pa/PA_Projects.htm

| Table 2: Brief Overview of PAD and WRC HIA Processes | | |
|---|---|---|
| | Parks After Dark (PAD) HIA | Women's Re-Entry Court (WRC) HIA |
| Decision Analyzed in HIA | 1) Continue PAD programming for 6 parks, 2) Expand PAD to 10 additional parks, or 3) Discontinue PAD | Sustain or end funding for the WRC |
| Key Stakeholders Involved in HIA (* = Project Lead) | <ul style="list-style-type: none"> • * LACDPH HIEC • * LACDPH Injury & Violence Prevention Program • Department of Parks & Recreation • Sheriff's Department • Chief Executive Office • Board of Supervisors' Park Deputies • PAD Partner Agencies | <ul style="list-style-type: none"> • * LACDPH HIEC • LACDPH Substance Abuse Prevention & Control • Public Defender's Office • Countywide Criminal Justice Coordinating Cmte • District Attorney's Office • Prototypes/ Treatment Provider • LA County Superior Court • Department of Probation |
| Timeline | <ul style="list-style-type: none"> • Feb 2014: Rapid HIA Screening • Feb – Aug 2014: Scoping, Assessment, Report Writing, Stakeholder Review • September 2014: Final report released • Sept 2014 – ongoing: HIA Dissemination • Jan – April 2016: HIA Eval Conducted • March 2016: PAD Expanded to 21 Parks • Summer 2016: Evaluator monitors PAD | <ul style="list-style-type: none"> • May 2014: Rapid HIA Screening • May 2014 – March 2015: Scoping, Assessment, Report Writing, Stakeholder Review • August 2015: Final report released • Sept 2015 – ongoing: HIA Dissemination • Spring 2016: WRC Funded through SAPC • Jan – April 2016: HIA Eval Conducted |
| Methods Used | <ul style="list-style-type: none"> • Lit review: PubMed and Google Scholar • Surveys of Key Informants including Community Members, Other Park Programs, PAD Partner Agencies, Board of Supervisors' Park Deputies/CEO, DPR, DPH, Sheriff's Dept • Analysis of Data from: <ul style="list-style-type: none"> ○ PAD Participant Surveys ○ Park Programs Data from DPR, Cities of LA, Long Beach, Pasadena ○ Crime Data from Sheriff's Department and LA Police Department ○ Community Data from US Census, Hospitals, LACDPH | <ul style="list-style-type: none"> • Lit review: PubMed, Google Scholar, agency reports • Key Informant Interviews with SAPC, Public Defender, CCJCC, Superior Court, District Attorney, Probation Department, Sheriff's Department, CDCR and Prototypes • Focus groups and interviews with two groups of women: 11 WRC grads and 8 grads of MERIT jail-based program) • Site visits to WRC residential treatment facility and LA County women's jail • Analysis of LA County Participant Report System (LACPRS) WRC client data • Analysis of state and federal jail statistics data |
| Estimated Time/ Resources Used | <p>Total Cost: \$70,915 \$27,000 in Grant Funding for Staff Time \$42,605 in In-Kind staff funding \$1,310 in Office Resources (printing, etc)</p> <p>Estimated Total Time Spent by HIA Leads (HIEC and IVPP): Lead 1: 3 months @100% FTE; 3 months @ 50% FTE; Lead 2: 6 months @ 50%FTE</p> | <p>Total WRC HIA Cost: \$57,096 \$38,886 in Grant Funding for Staff Time \$16,887 in In-Kind staff funding \$1,323 in Office Resources (printing, focus groups, etc)</p> <p>Estimated Total Time Spent by HIA Leads (HIEC): Lead 1: 3 months @ 50% FTE; 3 months @ 100% FTE; Lead 2: 12 months @ 40% FTE</p> |
| Health Impacts Analyzed | <p>Impact of PAD on:</p> <ul style="list-style-type: none"> • Crime • Perception of Safety • Physical Activity • Cross Sector Collaboration • Costs of PAD vs. costs of crime and illness averted | <p>Impact of WRC on:</p> <ul style="list-style-type: none"> • Recidivism Rates • Mental Health (including PTSD) • Substance Use Disorder • Employment • Housing • Family and Community Relationships • Costs of Treatment vs. Incarceration |

3 EVALUATION FINDINGS: HIA PROCESS

Key Evaluation Findings: HIA Process

- ❖ HIAs achieved almost all of HIA Minimum Elements and a majority of Practice Standards
- ❖ HIAs achieved their stated objectives
- ❖ HIAs were timely, informative, and relevant to decision-making processes
- ❖ HIAs excelled at engaging government stakeholders, but community stakeholders could be better engaged
- ❖ Equity focus could be made more explicit
- ❖ HIA staff provided leadership skills and a neutral, objective perspective that was appreciated by multiple stakeholders
- ❖ Few challenges were experienced

In this section, we describe process evaluation findings related to the HIAs: process, adherence to HIA Minimum Elements and Practice Standards, achievement of stated objectives, timeliness and relevance, stakeholder engagement, equity, staff leadership and skills, and challenges.

3.1 HIAs Achieved Almost All Minimum Elements and a Majority of Practice Standards

Table 2 outlines key components of each HIA’s process including the decision analyzed, key stakeholders involved, the HIA timeline, assessment methods used, estimated time and resources used, and the health impacts analyzed. In general, the processes for the WRC and PAD HIAs were very similar and followed the recommended steps for HIA including Screening, Scoping, Assessment, Reporting, and Evaluation.

Both HIAs used HIEC’s Rapid HIA Screening Criteria to consider whether or not to conduct an HIA on the PAD and WRC funding decisions. Both HIAs engaged a number of different county agencies as HIA Team Collaborators to help inform subsequent scoping, securing and analysis of data, recommendations development, report review, and HIA dissemination. Both HIAs used multiple different forms of evidence during the Assessment stage, including literature reviews, secondary data analysis, and interviews/surveys with key informants. Both HIAs considered multiple different health determinants for analysis and prioritized several determinants based on availability of data, strength of evidence, and the magnitude or immediacy of health impacts. Both HIAs used a mix of quantitative and qualitative methods in their assessment and sought to develop cost calculations – e.g. the costs of treatment vs. costs of incarceration for WRC and the costs of crime and illnesses averted vs. costs of PAD programming for PAD. Both HIAs developed a comprehensive report and an executive summary which was distributed widely via email to relevant city and county agencies and other stakeholders. Both HIAs were presented before various decision-makers and department heads in a regular meeting of a relevant

steering committee (the PAD Strategic Planning Committee for PAD and the CCJCC for WRC). As discussed later, PAD was disseminated more widely at the regional, state, and national level than WRC; however, there was an additional year for PAD dissemination as it was completed first.

Through a new contract for outside evaluation, PAD will have ongoing monitoring and evaluation for the next year to further document health and other impacts of increasing PAD funding. Although there is no funded monitoring plan for the WRC HIA, the HIA contributed to the development of a monitoring/evaluation blueprint,⁴ LACDPH will continue to collect data on WRC participants via LACPRS, and HIEC plans to continue informal monitoring of WRC's program funding status.

Appendices 7.4 and 7.5 outline the Minimum Elements and Practice Standards of Health Impact Assessment as described in the Methods section of this report. Appendix 7.4 illustrates that both the PAD and WRC HIAs achieved almost all of the minimum elements for a health impact assessment. Appendix 7.5 illustrates that both the PAD and WRC HIAs met the majority of HIA Practice Standards.

Importantly, although both HIAs were intended to be "Rapid HIAs", the fact that both HIAs met the majority of HIA Practice Standards illustrate that the HIAs were indeed comprehensive in nature, just that the process was meant to be conducted on a more accelerated timeline.⁵ Based on our conversations with HIA stakeholders, we estimate that the PAD HIA took seven months and the WRC HIA took ten and a half months to complete the screening, scoping, assessment and report writing stages, although final review of the report added one additional month for the PAD and an additional six months for the WRC process.

Areas where both HIAs performed well include:

- Developing a transparent and systematic screening process
- Conducting the HIAs in a very timely manner to inform decision-making
- Mobilization of various sources of evidence to inform the assessment, particularly in using quantitative methods for estimating the cost benefits of PAD and WRC programs relative to criminal justice and health costs
- Developing a comprehensive report to document the HIA process and an executive summary to highlight findings and recommendations
- Disseminating the HIA report to numerous stakeholders

Areas where both HIAs showed room for improvement:

- Developing a work plan that clearly defines HIA objectives and roles throughout the HIA

⁴ One key informant noted that the WRC HIA was used to inform the Pay-For-Success application, including the development of a proposed blueprint for how to evaluate the WRC. Although not funded, the concept for monitoring/evaluation plan for the WRC was established post-publication of the WRC HIA.

⁵ HIEC recently released a Rapid HIA Toolkit in which they define a rapid HIA as one that is conducted between four and six months. However, it should be noted a rapid HIA is difficult to define and/or conduct while adhering to HIA minimum standards of practice.

- Developing a stakeholder and community engagement plan with meaningful, participatory methods of engagement for affected communities, decision-makers, public agencies, and others in the HIA scoping, assessment, recommendations, and reporting/dissemination
- Developing a communications and dissemination plan that actively engages decision-makers and community-based organizations (e.g. schedules meetings with, provides presentations, discusses by phone or in person, not just via email dissemination)
- Having a more transparent and systematic process for HIA scoping, characterization/evaluation of health impacts, recommendations development, and report review
- Having an explicit focus on equity in stakeholder engagement, research methods, and analysis
- Developing a monitoring plan to track decision outcomes and health impacts

Suggestions for HIEC to consider in response to these are included in the Recommendations section of this evaluation report.

3.2 HIAs Achieved Stated Objectives

One measure for evaluating the success of an HIA is whether the HIA achieved its intended objectives. Across HIA practice, objectives are often written broadly at the outset of an HIA which is why we often use other measures to document the impacts of an HIA. Table 3 outlines the objectives stated in each HIA report and illustrates whether the objective was achieved based on our document review and stakeholder interviews. As illustrated in below, both HIAs achieved all of their stated objectives.

| Table 3: Achievement of Stated HIA Objectives (as defined in HIA report) | |
|--|---|
| PAD HIA Objectives | Was objective achieved? |
| 1) Consider public health consequences of the decision to provide long-term funding to sustain PAD at the current parks, expand PAD to additional parks, or discontinue PAD at some parks in the future. | Yes - HIA report analyzed public health impacts of the three policy/funding alternatives. Parks staff and other stakeholders report increased awareness of health impacts. |
| 2) Provide recommendations regarding future implementation of PAD | Yes - HIA report includes recommendations for PAD infrastructure, sustainability and expanded PAD programming. |
| 3) Provide recommendations that support strategies to maximize health benefits and minimize associated costs | Yes – HIA report conducted cost analysis of potential crime and health related cost savings from PAD activities. Report documents how PAD provides health benefits to communities. |
| 4) Inform the PAD long-term strategic plan that was drafted by DPH and DPR in summer 2014 | Yes – HIA report helped inform development of the long-term strategic plan and was used to help secure funding for PAD expansion and implementation. |
| 5) Serve as a tool for other jurisdictions both within and outside Los Angeles County to determine the potential benefits and costs of Safe Summer Park (SSP) Programs | Yes – HIA report disseminated widely and other jurisdictions (Santa Clara County) have expressed interest in replicating PAD; SSP programs expressed the benefit of the PAD HIA for their SSP program (Pasadena, Long Beach). |
| WRC HIA Objectives | Was objective achieved? |
| 1. Explore the relationship between public health and criminal justice system outcomes | Yes – Logic models, literature review, interviews, and focus groups documented relationship between public health and criminal justice. Criminal justice staff report increased awareness of health impacts. |
| 2. Inform the current debate on how local | Yes – HIA has been used by CCJCC, Board of Supervisors, |

| | |
|--|---|
| agencies can best allocate funds to reduce recidivism and improve public safety | Department of Health Services and others to inform funding decisions related to WRC and other diversion programs. |
| 3. Make recommendations to maximize potential benefits of the WRC jail diversion program | Yes – HIA report outlines specific recommendations, some of which have been implemented. |

3.3 HIAs Were Timely, Informative, and Relevant to Decision Making Processes

All stakeholders generally viewed both HIAs as very timely and relevant to the decision-making process. The PAD HIA happened during the PAD Strategic Planning Process and the PAD HIA report was used to inform the final PAD Strategic Plan. The PAD HIA report was then used by decision-makers to justify expanding PAD funding for 2016 and beyond.

- *The HIA was very helpful for marketing PAD and showed to decision-makers how impactful the program was. The team was very responsive to what we needed, when we needed it. (Decision-Maker Staff)*

The WRC HIA was completed in time to inform the Pay-For-Success application and was released right at the time that the Board of Supervisors was deciding whether to increase County funding commitments to diversion and re-entry programs. As noted by one key informant, there was an element of luck in the timing of the release of the WRC HIA.

- *The HIA just happened to be emailed to me two days before the Supervisor went to argue for diversion on the floor... The Supervisor didn't specifically refer to the HIA, but used the data to talk about how effective these programs can be. While we were having this larger policy debate at the county level of whether to invest in diversion, this HIA was the number one/touchstone piece of evidence used to propel these efforts forward. (Decision-Maker Staff)*
- *Yes the HIA was incredibly timely. At that time the HIA came out, they were just starting the new Office of Diversion and Re-Entry. The HIA caused Dr. Mitch Katz and Dr. Mark Ghaly to speak publicly about Prototypes and we believe that awareness about the WRC came because of the HIA. WRC was one of the only re-entry programs being discussed; the others were all diversion programs. (Public Agency Staff)*

Although both HIAs did inform the decision-making process that they had intended to inform, the timeline for that decision-making was more extended than expected. For example, although the PAD HIA was completed in September 2014, PAD programming was expanded from six to nine parks in 2015 (when a new county Supervisor funded three parks in her district) and then PAD was expanded to 21 parks in March 2016, a year and a half after the HIA was completed. With the WRC HIA, the decision of whether to continue funding WRC was considered a “moving target” but in the end did inform the decision to leverage internal funding to support the program. Despite the delayed and moving timelines, stakeholders interviewed reported that both HIAs played a key role in securing the needed funding to continue the respective programs.

3.4 HIAs Excelled at Engaging Government Stakeholders, But Community Stakeholders Could be Better Engaged

In both HIAs, there were two staff from the Department of Public Health that led and staffed the HIA process (“HIA Leads”), and then a number of staff from other government agencies (“HIA Team”) who were involved in HIA scoping, assessment, report review, and dissemination. (See Table 4 for Key Stakeholders Involved in the PAD and WRC HIA processes.)

Overall, the comprehensiveness of stakeholder engagement among city/county government agencies was quite impressive for both HIAs. Virtually all levels of government from implementing agency to decision making body were engaged at some stage and often in key ways that, should they not have participated, would have made completion of the HIA virtually impossible. HIEC clearly placed a high value on developing these interagency relationships that paid off in terms of building trust and momentum for the HIA (see HIA Impacts Section 5.5). Such engagement directly contributed to uptake of HIA findings and recommendations and use by PAD and WRC stakeholders in the decision making and policy contexts.

All three HIA leads noted that engagement of community stakeholders was less than desired because of the rapid HIA timeline.

- *Going forward, we could do a better job about engaging the community but we didn’t do for this HIA because it was a rapid HIA. (HIA Lead)*
- *The HIA did not build capacity within the community, but it did build our own capacity to do an HIA. Community stakeholder involvement was limited – that’s not a bad thing because this was a rapid model. (HIA Lead)*
- *Looking back, it would have been helpful to involve more CBOs who work on issues of incarceration and diversion programs to give voice of stakeholders impacted. (HIA Lead)*

In our assessment, this fact presents a clear area for process improvement for HIEC. It appears that the input of impacted communities and community organizations was very limited in the screening, scoping, developing recommendations and reviewing report stages of the HIA. Both HIAs did engage impacted communities as part of the Assessment activities: the PAD HIA surveyed 17 community members (parents and youth) as key informants (one-third of their total key informants surveyed) and analyzed survey data from almost 2,700 PAD Participants; the WRC HIA engaged 19 incarcerated women via one focus group and interviews. However beyond that, there is little evidence that community members – or their representatives – were involved in the various stages of the HIAs. Using Arnstein’s Ladder of Citizen Participation, this type of engagement may be considered “Consulting” or “Tokenism Participation”: Citizens can offer input and be heard, with no assurance their views will be taken into account.⁶ Finally, it appears that even the national non-profits (e.g., PolicyLink and Prevention Institute) were mostly engaged as part of report dissemination, not in the conduct of the HIAs.

⁶ For more information about the Ladder of Participation and HIA Practice, see Stakeholder Participation Working Group of the 2010 HIA in the Americas Workshop. Best Practices for Stakeholder Participation in Health Impact Assessment. Oakland, CA, October 2011. Available at: http://hiasociety.org/?page_id=31

HIEC's challenges in meeting several of the stakeholder engagement Practice Standards rest on the fact that community engagement was not necessarily present in a meaningful way. While conducting an HIA on a rapid timeline may pose a challenge to obtaining meaningful community input, there are numerous examples of how practitioners can do this which we highlight later in this report. Additionally, various interviewees for this evaluation proposed assessment and engagement methods for HIEC's work moving forward that draw upon community expertise and knowledge for HIAs – both 1) to build buy-in into the programs being assessed and the HIAs and 2) to have a better qualitative understanding of the program's impacts on the intended communities.

Table 4: Stakeholder Engagement in PAD and WRC HIAs

| Stakeholder Roles in HIA | Parks After Dark (PAD) HIA | | | | | | | | | | | Women's Re-Entry Court (WRC) HIA | | | | | | | | | | | | |
|-----------------------------------|----------------------------|------|--------|-----|-----|------------------|------------|-------------|-----------------|------------------------|-----|----------------------------------|------|------|-----------------|------------|-------|---------------|----------------|----------------|-----------------|-------------------------|-----|---|
| | HIEC | IYPP | CD/IPD | DPR | CEO | City of Pasadena | Centro CHA | City of LA^ | Sheriff's Dept^ | PAD comm. participants | BOS | PI/PolicyLink | HIEC | SAPC | Public Defender | Prototypes | CCJCC | District Atty | Sheriff's Dept | Probation Dept | Superior Court^ | WRC/Merit participants^ | BOS | |
| Served as HIA Lead | X | X | | | | | | | | | | | X | | | | | | | | | | | |
| Screened HIA Topic | X | X | X | | | | | | | | | | X | X | X | | | | | | | | | |
| Advised of HIA | | | | X | X | | | | X | | X | | | X | X | X | X | X | X | X | X | | | |
| Helped plan HIA activities | X | X | X | X | | | | | | | | | X | X | X | X | X | | X | | | | | |
| Contributed data | | X | | X | X* | X | X | | * | | | | | X | X | X | X | | | | | | | |
| Contributed opinions (KI Survey) | | X | X | X | X | X | X | X | X | X | X | | | X | X | X | X | X | X | X | X | X | X | |
| Helped analyze data | X | X | | | | | | | | | | | | X | X | X | X | X | | | | | | |
| Helped prioritize HIA objectives | X | X | X | X | | | | | | | | | X | X | X | X | X | | | | | | | |
| Participated in advisory capacity | | X | X | X | X | X | X | | X | | | | | X | X | X | X | X | | | | | | |
| Helped coordinate interviews/FGs | X | X | | X | | | | | | | | | X | | X | X | X | | X | | | | | |
| Reviewed draft report | X | X | X | X | X | X | X | | | | | | X | X | X | X | X | X | | | | | | |
| Helped develop recommendations | X | X | X | | | X | X | | | | | | X | X | X | | | X | | | | | | |
| Received copy of final report | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | X |
| Helped disseminate findings | X | X | X | X | X | X | X | ? | | | X | X | X | X | X | X | X | X | | | | | | X |
| Helped connect to decision-makers | X | X | X | X | X | X | X | ? | | | X | X | X | X | X | X | X | X | | | | | | X |
| Interviewed for evaluation | X | X | X | X | X | X | X | | | | X | X | X | X | X | X | X | X | X | X | | | | X |

* CEO helped obtain Sheriff's and funding Data

^ Unfortunately due to time constraints, stakeholders from the City of LA, GVRI demonstration site coordinators, the Sheriff's Department, PAD community participants, PolicyLink, Superior Court and WRC/Merit Program participants were not able to be interviewed as part of this evaluation.

3.5 Equity Focus Could Be Made More Explicit

As noted by the SOPHIA Equity Working Group, “Equity is one of the core values of HIA... Conducting HIA with equity as an explicit goal can empower communities facing inequities, and contribute to institutional reform, systems change, and to the redistribution of power in decision-making and agendas.”⁷

By the nature of the HIA topics being analyzed, both HIAs had some focus on equity in their analyses and their recommendations. In general, PAD seeks to reduce violence and improve health outcomes in communities that experience high rates of crime and gang violence, and the WRC Program seeks to provide treatment, housing, employment and family reunification services to specific criminal justice involved women.

The PAD HIA considered equity in their analyses by including the Economic Hardship Index (which looks at housing, income and other indicators) as one of the factors for determining which parks they would recommend for inclusion in expanded PAD programming.

- *PAD started in communities with high rates of gang violence. When PAD expanded with CTG funding, we used data about economic hardship, obesity, and assault to determine the highest need parks. (HIA Lead)*
- *[By using the Economic Hardship Index], we were considering equity in our recommendations, however the political process can change where the money is allocated. Where there are equity concerns, there is not always the political will or drive. And I’m not sure whether the parks we recommended were the ones that actually received funding. (HIA Lead)*

The HIA lead also noted that because the HIA team was able to get very detailed in their recommendations, the HIA helped change PAD’s organizational practices and increased community participation, which helps address questions of equity.

- *Before the HIA, the youth council was not a consistent part of PAD programming. The HIA helped document the impacts of the youth council.... This allows the community itself to have a forum to address their health issues, and communicate directly with agencies through PAD. The program itself is a vehicle for increased community participation, not the HIA. (HIA Lead)*
- *The HIA did help advance equity by advocating for PAD funding for the communities who need PAD programs. (HIA Lead)*

The WRC HIA was considered to have advanced equity by focusing on incarcerated women and their children, which are known to be a vulnerable population, by giving the women in the focus groups an opportunity to share their recommendations for the future WRC program, and by educating a lot of people about the relationship between criminal justice and health.

⁷ Givens, M, Heller J, et al. Equity Metrics for Health Impact Assessment Practice, Version 1. Society of Practitioners of HIA (SOPHIA) Equity Working Group.

All this being said, multiple HIA leads noted that the focus on equity was implied – and not explicitly stated - in the HIA goals, research questions, methods, analysis and recommendations. Keeping in mind the foundational values of HIA and the nature of PAD and WRC’s focus on vulnerable populations, the HIAs could have addressed equity more explicitly through their process and analyses. Along with improved community engagement, this could have created an opportunity for community empowerment through the HIA process. Given the comprehensiveness of these HIAs, this may have been a missed opportunity for HIEC.

3.6 HIA Staff Provided Leadership Skills and a Neutral, Objective Perspective that was Appreciated by Multiple Stakeholders

An important difference between the two HIAs was the depth of involvement of the HIA Leads in the program being analyzed in the HIA. For the PAD HIA, one of the PAD HIA Leads was the DPH staff person (at the Injury and Violence Prevention Program (IVPP) who had earlier conducted a PAD evaluation and was very involved in PAD general planning and coordination. The other HIA lead was from HIEC. For the WRC HIA, both HIA leads were from HIEC and neither had extensive experience in the area of criminal justice. As a result, there was a steep learning curve and relationship building that occurred during the WRC HIA process that did not occur during the PAD process because the relationships and knowledge already existed.

However, for both HIAs, multiple stakeholders noted that decision-makers, community members, and others viewed health department staff as “neutral” and “objective” which added to the credibility of the report and helped facilitate the collaboration process in a way that previously had not been achieved.

- *In previous violence prevention efforts there was a lot of political debate/disagreement about what indicators to use to document the impacts of their program. Community members didn’t want to put a cost to homicide and there were a lot of politics about which department’s data to use. But when the health department came in, they were able to make the case for data collection and which indicators to use. Unlike Parks and Youth Violence folks who were seen as advocating for their jobs, the PHD epidemiologists were seen as neutral. The HIA really changed the landscape and helped frame violence prevention as a health and cost savings measure and was able to concretely show their impact. (Other)*
- *[It was] very helpful that public health partners have an understanding of violence as a public health issue for children, adults and seniors. They see parks not just as a green space but as a valuable resource that keeps people healthy – e.g. has basketball clinics to engage young men of color and keep them from gangs/violence, that has talent shows and dance contests to promote physical activity and avoid risky behavior... The public health folks understand that parks are an important space to contribute to the health and safety of our communities. (Other)*

Many key informants commented that they were very impressed with the HIA project leads, and commented on how well organized the HIA leads were, how the HIA leads understood, explained, and facilitated the HIA process, and how clearly and well-written the final reports were.

- *The level of expertise and knowledge that [HIEC] can bring to our table was very valuable. We have epidemiologists within our department but they don't have the bandwidth to be able to do this type of analysis and talk about broader impacts (LACDPH Staff)*
- *The HIA lead had integral knowledge of the PAD Program and helped lead the evaluation of the program that was used in the HIA. Strong community connections and planning with the community were critical. Also, the HIA leads had good epidemiological, analytical, and writing skills (LACDPH staff).*
- *The DPH staff's ability to connect with clients so that they felt comfortable [in the focus groups] was great. (Other)*
- *The team was very friendly, professional, and well-organized. The report was very well-written. (Public Agency Staff)*
- *From my perspective, there were no skills missing. I was very impressed with the team. (Public Agency Staff)*

Multiple WRC key informants made comments about how well the group worked as a team, noting that all of the participating departments brought useful data and perspectives to the table.

- *The team approach was essential. We all worked together to discuss how to collect data and what was going to be most effective for decision-makers. Every partner had to bring data to the table and as a result we got a lot of valuable data much quicker than I've been able to in other projects. Compared to other processes I've been a part of, this process was very smooth and efficient, and everyone was committed and passionate. It was an amazing team to work with. (Other)*
- *We had people from completely different worlds working together. We had to learn each others' languages and professions and this was kind of fun, but also a challenge. (Public Agency Staff)*

3.7 Challenges were Limited

According to stakeholders, there were relatively few challenges experienced during the course of the HIAs, reflecting an overall positive experience. The principal challenges that were noted, mainly by HIA leads and LACDPH, tended to relate to the challenge of obtaining desired data in a timely manner, particularly data from the Sheriff's Department to calculate recidivism rates for the WRC HIA.

- *We had to decide on which definition of recidivism to use. We used the Sheriff's definition to be able to do a comparison with the Sheriff's Data. But this limited who was considered as re-offending... We all needed to understand why we used the definition we did. We did work it out, and everyone understood why we chose definition that we did, but it was a challenge. (Public Agency Staff)*
- *Although we had people from the Public Defender's Office and Sheriff's Department participating in the HIA, those individuals did not have a direct connection to the data, so obtaining the data took much longer than expected. Prototypes records were all paper records. (LACDPH Staff)*
- *Not getting access to the Sheriff's data was a limitation/challenge. State prison is not the same as comparable crimes to the women being sent to WRC, however it was the next best option. (HIA Lead).*
- *The HIA team handled the challenge of data by being flexible. Even if we do not have the perfect data, we can still get something that can be used. We were concerned about whether we could compare women in the WRC program to state female prisoners, but no one has commented about this*

comparison. We acknowledge this as a limitation in the report and tried to be mindful about how we framed. But at the end of the day it was helpful that we made this comparison (LACDPH Staff)

- Getting people to respond [e.g. to the KI survey] was a challenge. The HIA team was persistent, kept following up with phone calls and emails, but did not have a lot of resources to think about who else could be engaged and/or how else to engage them. (LACDPH Staff)*
- One of our challenges was how to show impact of PAD beyond the summer months – for example, did the impact on crime continue into the fall, and impact on physical activity/chronic disease throughout the year? (HIA Lead)*

Other challenges included limited staffing, evolving HIA scopes and timelines, and LACDPH's bureaucracy.

- The main challenge was being stretched so thin, we were able to do the HIA with existing staff, but it was hard and a bit harrowing at times. (HIA Lead)*
- There are many social determinants of health that go into PAD and it was very tempting to keep expanding the scope. In the end, we ended up doing a comprehensive HIA on a rapid HIA timeline. (HIA Lead)*
- Establishing who are the decision-makers and what is the decision-making timeline kept changing during the HIA, which impacted how we maneuvered through the HIA steps, adapting the HIA framework to other partners' timelines was a little challenging. (HIA Lead)*
- It took two to three additional months to get the final report out the door because it had to go through the bureaucracy of our local health department. We were able to communicate effectively with our partners when there were delays because of bureaucracy, but our DPH bureaucracy was a challenge. (HIA Lead)*

4 EVALUATION FINDINGS: HIA IMPACTS

Key Evaluation Findings: HIA Impacts

- ❖ HIAs helped increase local commitments to program funding
- ❖ HIAs provided needed program evaluation describing impacts on health
- ❖ HIAs elevated program impacts on health determinants
- ❖ HIAs highlighted programs' relationship to priority county topics
- ❖ HIAs strengthened existing and fostered new collaborations
- ❖ HIAs helped change institutional practices and increase focus on health
- ❖ HIAs were disseminated widely, but decision makers could be more actively targeted for communications

4.1 HIAs Helped Increase Local Commitments to Program Funding

One of the most notable impacts of both HIAs is that the reports appeared to increase local awareness of the programs' existence and their impact on multiple determinants of health. This subsequently led to increased local support for funding the respective PAD and WRC programs.

Stakeholders from both HIAs emphasized that the HIA reports helped increase local commitments – both politically and in terms of funding – to the respective PAD and WRC programs. Although both the PAD and WRC programs had some general support among specific actors at the city and county level, the HIAs were credited with increasing support among a broader range of stakeholders and having that translate into increased funding for the programs at the county level.

According to the Parks and Recreation Department, the PAD HIA was directly responsible for increasing local commitment to PAD and leading to the expansion of the program from the current six parks funded to twenty-one parks in the summer of 2016. As of April 2016, there was \$2.1 million dedicated to summer 2016 PAD programming. Importantly, the Probation Department has increased their funding commitment to PAD and will match dollar-for-dollar any funds raised for PAD for 2016-2019.

After reading the PAD HIA Executive Summary, the Director of the LA Health Agency committed over \$300K to PAD via their Trauma Prevention Initiative, and the Mayor of Long Beach committed \$186K to keeping park facilities staffed and opened for their Safe Summer Parks programming during summer 2016 (which includes elements of PAD Programming). The PAD HIA was also reportedly shared with the Pasadena Health Department who then shared the HIA report with the Kaiser Foundation who has committed \$10K to supporting mental health-related PAD programming in 2016. Although not involved in the HIA process, the newly created Office of Child Protection reportedly saw the HIA Executive Summary, saw how it directly related to their prevention and intervention work, and has been using the

HIA report and findings to solicit PAD funding for 2017 and beyond. The PAD HIA is also reportedly being used in grant applications to further expand PAD programming at the local and regional level.

- *This [HIA] report got all the funding that we have right now. (Public Agency Staff)*
- *PAD expanding in a tough budget cycle is something that's almost unheard of. This was because the HIA helped show that PAD is good investment and good governance. (Other)*
- *The HIA helped get Long Beach our first ever Violence Prevention Plan. The HIA recommendations directly informed the plan which is helping increase the City's commitment to internally funding parks and recreation programming. This is a systems change since historically the City hasn't committed its own funds to keep parks open in the evenings or promote year round programming. They relied on outside sources of funding like from foundations. But now, with the evidence from the HIA, the Mayor and City Council are now on board and stepping up commitments in the local budget. (Other)*

The WRC HIA is also considered directly responsible for helping increase local funding commitment to the WRC Program. Unlike PAD, which was mostly locally funded and is now expanding with additional county and federal funds, WRC is shifting its funding source from state to local funding, which is seen by various stakeholders as a more sustainable and more flexible funding stream compared to state funds. Specifically, previously funded through grants from CDCR, the WRC is now being funded locally through DPH's SAPC using local Realignment/AB 109 funding and General Fund funds. SAPC is also seeking to have Prototypes (the WRC service provider) be registered as a residential treatment facility, which would enable use of 1115 Medi-Cal Waiver funds and applying to have WRC recognized as a SAMSHA model program to help ensure additional funding.

The WRC HIA is credited as having increased attention within LACDPH and among the Board of Supervisors to the successful outcomes of the WRC and thereby increasing local support to fund the WRC as well as increasing support for other diversion and collaborative justice programs.

- *This HIA helped find a dedicated funding source for WRC. (LACDPH Staff)*
- *In the last five years, there has been a decompression of the courts, needing to downsize and there's not been a lot of support for specialty courts... the HIA demonstrated that specialty courts are important. (LACDPH Staff)*
- *I've been working for years and years in these types of programs, and always looking to ensure that there are funding streams to continue the programs and that the county is behind the project. The HIA has definitely changed things, now people in the county say "Don't Worry." We are collectively meeting more often – and with more people - to make sure there is continuous funding. (Public Agency Staff)*
- *The HIA helped kickstart a conversation about how to increase local investment that the county has discretion over. It took months, but the HIA helped lead to having AB 109 funding be used to support the program locally and build local support for this type of programming. (Public Agency Staff)*
- *The HIA helped provide funding for the WRC program, but it also helped facilitate dialogue about the benefits of other similar programs – like the drug courts, veterans courts, etc (Public Agency Staff)*

Although ultimately not successful in securing funding, the use of the WRC HIA in the Countywide Pay-For-Success Initiative application was also considered a notable successful outcome of the WRC HIA by multiple stakeholders. Specifically, SAPC and the Public Defender's office noted that WRC would not

have even been considered for the Pay-for-Success Initiative had it not been for the data and positive outcomes of the WRC program that were documented in the WRC HIA. They also commented that although they did not win this competition round, coming in a close second place demonstrated to the WRC team that the WRC does have a strong chance of securing additional funds moving forward. Additionally, the BOS reportedly instructed the CEO to consider funding other highly ranked Pay-for-Success proposals, which reportedly increased CCJCC's commitment to securing funding for WRC and a WRC evaluation.

4.2 HIAs Provided Needed Program Evaluation Describing Health Impacts

Another notable impact of both HIAs was their ability to “connect the dots” – both between the specific program and its impact on health and health determinants, and the specific program and broader county policy initiatives and debates. Multiple stakeholders from both HIAs remarked that the HIA created a comprehensive report describing the program in its entirety, and helped highlight how the program impacted the health of program participants. To a certain degree, both HIAs created an evaluation of the PAD and WRC programs that had not previously been conducted and various stakeholders noted how helpful it was to have an “evaluation” documenting the nature and impacts of the program.

- *The HIA also helped create a document that we can refer back to, use as a citation for future funding applications and describe how to sustain and expand the program. (LACDPH Staff)*
- *The HIA produced a document that speaks to the impacts of PAD that those supporting PAD did not have before. The PAD HIA is now part of the packet when we talk to funders to show the larger implications of PAD program. (Decision-Maker Staff)*
- *Anecdotal stories aren't the same thing as an evaluation. The health perspective helped make this report be more objective, not one written by advocates. (Public Agency Staff)*
- *This HIA confirmed that we are moving in the right direction... All of the findings seemed to resonate with our understanding that if you can wrap evidence-based services around a population with fidelity, then you can have the outcomes that you desire. (Public Agency Staff)*
- *This HIA helped validate the impact of the PAD model and its potential... It emphasized the importance of implementing the [whole] model with fidelity – for example, all components and not just some. (LACDPH Staff)*
- *When you put the statistics and data together, it makes the reality of the program's benefits clear to all, the data speaks volumes. (Public Agency Staff)*
- *The HIA helped make a light bulb go off in terms of how PAD impacts mental health, physical health. (Decision-Maker Staff)*
- *This HIA increased the visibility of the WRC and increased the Public Defender's and District Attorney's certainty that the program works, and gave them numbers to illustrate that. (LACDPH Staff)*

4.3 HIAs Elevated Program Impacts on Health Determinants

Individuals involved in the PAD and WRC Programs stated that although they personally understood how the PAD and WRC programs could improve outcomes related to violence, recidivism, employment, housing, and other factors, these impacts were not apparent to others in the county. The

HIA reports are credited as having helped make the relationship between the WRC and PAD programs and improvements in social determinants of health more apparent.

- *To be honest, I was surprised by some of the results we found. We knew it is a good program, but didn't realize that the program delivered so much success and value. (LACDPH Staff)*
- *This HIA opened our eyes that the more holistically you come to problems facing drug users the better. Employment, housing, family – you never know what piece an individual will respond to, but a holistic approach adds more value for the client. It makes them feel that 'gee, someone cares about me.' (Public Agency Staff)*
- *From the beginning, PAD is a good example of how you can have collaboration across sectors that result in a whole host of impacts – for example, on family, mental health, substance abuse, tobacco, unemployment, etc. The HIA helped document those impacts. (HIA Lead)*
- *PAD is a great program because it is a good solution to solve multiple problems. The HIA has the capacity to document how it solves multiple problems – talk about violence prevention, law enforcement, parks access, health care costs – and measure its impacts and protective factors. (Other)*
- *PAD Program is a prevention tool. The HIA helped document how it can help prevent negative health outcomes – for example, PAD increases ability to cope with stressors and that can decrease falling into the child welfare system. (Decision Maker Staff)*
- *The HIA validated the positive effects our Department plays on the lives of the communities we serve. While we know 'Parks Make Life Better,' the stats prove that the Department of Parks and Recreation makes a difference and extended programming improves the health and quality of life for our communities. (Public Agency Staff)*

4.4 HIAs Highlighted Programs' Relation to Priority County Topics

Both HIAs were also noted to have helped “connect the dots” between the specific PAD and WRC program and larger policy contexts and debates happening in the county. In Los Angeles County, there had recently been large county debates about the most effective ways to prevent violence and reduce recidivism and the most cost-effective places for the county to invest its limited resources to improve those outcomes. The HIAs contributed evidence into this context in a useful way.

- *When there was a larger policy debate at the county level of whether to invest in diversion, this HIA became the number one/touchstone piece of evidence used to propel these efforts. (Decision-Maker Staff)*
- *Everything that came out of the HIA was helpful and fit well into larger county work and dialogues about the importance of family unification and housing support. The HIA emphasized how to maintain the bonds with children and family as much as we can, and allowed us to make the connection between a program for women in the courts system and the relationship to child welfare, to housing, etc. This helped bring justice partners into more contact with welfare connections. (Public Agency Staff)*
- *One of the key factors that I see impacting the success of this HIA was that it was able to identify intersecting priorities. For example, the county has invested a lot of money into a plan to address homelessness. This HIA showed how the WRC can impact homelessness, a connection that may not otherwise have been made. (Public Agency Staff)*

- *It has been a journey to get DPH to support PAD, it was initially seen as a little summer program without much impact, but this HIA helped transform that perspective and the support for the program. (HIA Lead)*
- *The HIA did an effective job of establishing the wisdom of these types of programs. It is a pretty drastic shift to integrate public health into the criminal justice systems, however ultimately it is less expensive because it fights recidivism. This HIA lent evidence to this type of shift. (Public Agency Staff)*
- *The PAD HIA helped document how as crime decreases, communities flourish and can engage more. The HIA helped document that because of PAD, in certain communities individuals were meeting their neighbors for the first time because they felt safer to walk outside/engage with others and that this had direct health impacts for those community members. (Decision-Maker Staff)*

4.5 HIAs Strengthened Existing and Fostered New Collaborations Among Government Agencies

Almost all individuals who were involved in the HIA process (e.g. involved in screening, scoping, assessment, and/or reporting) reported that the HIAs helped facilitate closer relationships with other city and county agencies. As described in the previous section, the PAD HIA team was primarily comprised of the departments involved in the PAD Strategic Planning Process and one of the PAD HIA leads was LACDPH's representative for the PAD Strategic Planning Process. Thus the PAD HIA team already had existing relationships which were reportedly strengthened through the HIA process.

- *The PAD HIA results increased enthusiasm between the primary PAD departments – Parks and Recreation, Sheriff's Department and Public Health Department. The analysis helped further their efforts and brings the agencies closer together. (LACDPH Staff)*
- *The PAD HIA helped foster new unique partnerships with the Department of Health Services, with the Health and Park Deputies of the Board of Supervisors, with the Health Commission and Parks Commission, with the Office of Child Protection. (LACDPH Staff)*
- *The HIA helped foster a greater working relationship with our city health department which facilitated involvement of the Kaiser Foundation and led to increased funding and year round PAD [SSP] programming [in Pasadena]. (Public Agency Staff)*

In addition to strengthening inter-agency collaboration, the PAD HIA appears to have helped affirm the importance of cross-sector collaboration in general. According to multiple HIA participants, the process of documenting the breadth and impact of cross-sector collaboration on health determinants helped affirm the importance of collaboration.

- *The PAD HIA helped decision makers understand how other departments in the county impact health factors – for example, the importance of crosswalks. Something in the parks impacts health, which impacts mental health, which impacts costs. In general, we tend to be siloed in our departments. The HIA helped show health is a part of each of the departments and has cross-departmental impacts. (Decision Maker Staff)*
- *This HIA really helped reinforce the importance of cross-sector collaboration. All of us had been working in our silos trying to address obesity, decrease violence, increase park use, support Cambodian or African American community, etc. The PAD and SNL process helped us start working together and then the*

PAD HIA helped document the importance of collaborating across sectors and gave us a document that we as a group could go together to City Hall and show decision-makers how valuable PAD is. And because we all went together – as One Long Beach – our voice was much more powerful and we were able to secure more commitment from the city to support parks and PAD. Following the HIA we became ‘One Long Beach.’ (Other)

In the WRC HIA, the HIA leads did not have a previous relationship with the non-DPH WRC collaborators. Although SAPC is one of the primary WRC collaborators, SAPC staff participated in the HIA process but did not co-lead the HIA process. Thus the WRC HIA helped build new relationships, particularly between LACDPH’s HIEC, CCJCC, and the Public Defender’s Office. The HIA also appears to have opened the door to potential future collaborations with the Sheriff’s Department, the Probation Department, and District Attorney’s Office.

- *We developed a ‘mutual fascination’ for each other. HIEC seemed very open to learning how the criminal justice team works... And we were interested in learning the health perspective. (Public Agency Staff)*
- *We have a connection with public health that we didn’t have before. We can call them up and ask them any questions. No single entity can solve all problems, but a strong bond can help ensure our network is strong, that we are ‘one county family’... Connecting through this HIA to DPH and others made us realize there is a whole arsenal of people [public servants] trying to improve the lives of people living in this county. (Public Agency Staff)*
- *This HIA affirmed that we need to integrate disciplines to have the impact we want to have. (Public Agency Staff)*
- *Increased collaboration was already happening but the HIA enlightened the discussion and gave evidence to keep the ball rolling. (Public Agency Staff)*
- *Through this work we have begun to work with housing, help addressing homelessness and had a dramatic step forward in our work with Sheriff’s Department. We are realizing the importance of getting service delivery going while people are still in jail and integrating this into the wraparound services as they leave. (Public Agency Staff)*
- *I’m amazed at the amount of support that came from DPH leadership to back this effort. It highlighted and fostered closer collaboration within DPH and other departments. It helped us pursue funding for the program and helped evaluate the WRC program to identify what kinds of funding could be used. (LACDPH Staff)*

Both HIAs were clearly lauded by agency partners as contributing to existing and fostering new collaborations among each other. These HIEC relationships appear, however, to be limited to those in government with few new relationships formed or strengthened with community organizations working with the populations most likely to benefit from PAD and WRC.

4.6 HIAs Helped Change Institutional Mindsets & Increase Focus on Health

Another very notable impact of both HIAs is that they have influenced how various agencies talk about health. Specifically, stakeholders from LACDPH, the Parks and Recreation Department, and the Public

Defender's Office each commented about how they observed an institutional shift in the way health was discussed in their own agencies following involvement in the HIA process and dissemination.

- *When I started at the Parks Department 16 years ago, people used to talk about how living near a park increases the value of your home. This HIA has led to a shift within our department about how we – management and parks staff – talk about the value of our work and of parks in general. We don't just say we do recreation, we say 'we are health people' and we improve the health of the community by decreasing diabetes, increasing heart conditions, etc. (Public Agency Staff)*
- *This HIA happened at such a critical point in our department's institutional change. LACDPH is moving towards a systems approach and focus on environmental change policies. We need systems in place to be able to project what future impacts of policies and programs will be. This HIA is a prime example of what that type of approach looks like. (LACDPH Staff)*
- *The HIA has been helpful for the court system to consider how do they want to evaluate future programs that may take on. The Community Collaboration Court started in January 2016 and they want to study from the ground going forward how does this program help. The HIA provides helpful guidance for what to evaluate. (Public Agency Staff)*
- *The HIA is being used by City of Pasadena outreach workers in their outreach to low-income communities. They've used the HIA findings in 1:1 talks with community members, in group settings, and in their work with teens at teen centers. (Public Agency Staff)*
- *This HIA helped open eyes and doors. It showed that we need to do our work differently and that parks are important for good health practices and decreasing violence. (Other)*
- *We are using the HIA to inform our other programs – for example, looking at what recommendations we can make for other programs with a similar interdisciplinary focus but with different clients. For example, that we should be promoting and tracking housing, employment, mental health and substance abuse impacts, and documenting the value of co-occurring integrated care program that offers mental health and substance abuse treatment in the same location. (LACDPH Staff)*
- *By doing the HIA, the treatment/service provider increased their self-awareness about their program, what worked and what else was needed to change or improve the program. And to their credit, they did make some institutional changes – for example, expanding wraparound services – based on the HIA findings. (HIA Lead)*

4.7 HIAs Disseminated Widely Among Government Agencies, but Decision Makers Could be More Actively Targeted for Communications

As illustrated in Table 5, the PAD and WRC HIAs were disseminated widely to various stakeholders interested in violence prevention and parks/recreation, and criminal justice/diversion programs respectively – though it is notable that many of these are government agencies and larger non-profit entities. Few community-based organizations working on issues of violence prevention or criminal justice were engaged in the same way. To date, the PAD HIA has received more regional and national coverage than the WRC HIA, however it should also be noted that the PAD HIA report was released in September 2014, whereas the WRC HIA report was released in August 2015 – close to a one year difference in the amount of time the report could be disseminated.

Multiple stakeholders noted that Prevention Institute and PolicyLink (two national non-profit organizations that promote equity and prevention) have played an important role in elevating PAD as a national model for place-based violence prevention and using the PAD HIA findings to illustrate the value of PAD to their various constituencies. For example, Prevention Institute shared the PAD HIA findings in three national web conferences, reaching over 600 individuals, and presented PAD HIA findings at the National Forum on Youth Violence Prevention, which included representatives from 18 cities around the nation. Following the presentation, three cities sat down with the staff person from Prevention Institute and went through the HIA together to discuss how they might implement PAD in their own jurisdiction.

Several stakeholders stated that increased communications could have helped decision makers become more aware of the HIA findings and recommendations. Given that a key goal of HIA practice is to inform decision making, this finding indicates an area of improvement for HIEC and addressing it would support increased relevancy and use of HIA findings and recommendations in decision making.

- *The health department needs to make sure that the HIA messages get to the Board of Supervisors and all the relevant County or City department heads for them to understand how this benefits their work. Can't just do the Board of Supervisors, but also need to go across agencies. (Other)*
- *The HIA's impacts on program funding kind of happened by luck. We were not very strategic in our dissemination plan and never sat down to consider who were the most strategic people to meet with and share HIA findings. (HIA Lead)*
- *The HIA dissemination process needs to be more active. I get 300 emails a day and I always appreciate it if the report is handed to me in person, or someone emails me the report and follows up with a phone call or in person. With the WRC HIA, it wasn't flagged for me and I didn't see this until this evaluation. (Decision Maker Staff)*

| Table 5: PAD and WRC HIAs Disseminated Widely | | |
|---|--|--|
| | PAD HIA | WRC HIA |
| Presentations Given | <ul style="list-style-type: none"> • The CA Endowment (Feb 2016) • APHA (Nov 2015) • IOM Panel on Community Transformation (Nov 2015) • Regional Violence Prevention Conference (May 2015) • CA Parks and Rec Conference (March 2015) • SOPHIA Workshop (Sept 2014) • PAD Strategic Planning Committee (April 2014) • LA Parks Commission • LA Parks Foundation • LA Public Health Commission • Bay Area Revenue Management School • National Forum on Youth Violence Prevention • BOS Parks Deputies • Cities of Long Beach and Pasadena • Meetings with BOS and CEO | <ul style="list-style-type: none"> • Used in DA Line Deputy trainings (ongoing) • APHA (Nov 2015) • CCJCC Monthly meeting (Oct 2015) • LACDPH OHAE (August 2015) |
| Disseminated via Email | <ul style="list-style-type: none"> • BOS Parks, Health, and Public Safety Deputies • PAD Strategic Planning Committee • LAC Dept of Parks and Rec • LAC CEO • LAC Sheriff's Dept • LACDPH Division and Program Directors • LACDPH Area Health Officers • LAC Dept of Health Svcs/ Integrated Health Agency • LAC Office of Child Protection • City of Los Angeles GRYD Ofc • City of Long Beach, Centro CHA • City of Long Beach, DPH • City of Pasadena, DHSR • City of Pasadena, DPH • Santa Clara County DPH IVP • CTG Leadership Team • CDC CTG Program Officer • Violence Prevention Coalition • LA Neighborhood Land Trust • CA DPH, Injury Surveillance Chief | <ul style="list-style-type: none"> • BOS Health and Criminal Justice Deputies • All LACDPH Staff in DPH Director's Weekly announcements • LACDPH Division and Program Directors • LACDPH SAPC • All Deputies in the LAC DA Office • LAC Sheriff's Department • LAC Public Defender • LAC Probation Dept • Drug Policy Alliance • CCJCC • Prototypes • LA Superior Court: Supervising Drug Court Judge • Dr. Nina Messina/UCLA |
| Other Dissemination Activities | <ul style="list-style-type: none"> • PAD considered as Prevention Strategy in Office of Child Protection's Strategic Plan and DHS Trauma Prevention Initiative • PAD presented as national model by Prevention Institute and PolicyLink in Violence Prevention Toolkit and numerous presentations/web conferences • PAD expansion included as recommendation in "My Brother's Keeper Challenge" and motion to develop recommendations to reduce gun violence • DPH received TCE award for advancing health equity for work evaluating and promoting PAD. Award includes case study and video development. • JAMA article highlights PAD as promising practice | <ul style="list-style-type: none"> • Included in Pay for Success Application • Included in Prototypes Sep 2015 Newsletter • Included in study by Stanford Law Students about diversion programs • Included in grant to CDCR • Cited by ACLU in Sept 1 BOS Mtg re: Office of Diversion and Re-entry • Poster presentation at the National Council for Behavioral Health annual conference • Proposing WRC as a SAMHSA evidence-based treatment program • Cited in Santa Clarita Valley News |

5 EVALUATION FINDINGS: LOOKING AHEAD

Key Evaluation Findings: Takeaways as HIEC Looks Ahead

- ❖ Build on new relationships and momentum for future work
- ❖ Future analyses should keep an eye towards what is most salient in policy contexts
- ❖ Need to weigh more comprehensive vs. rapid HIA approaches, including when and whether an HIA is labeled as “Rapid”
- ❖ Many opportunities exist for additional assessment and engagement methods
- ❖ There are many ideas for future HIA topics and HIEC activities moving forward

As part of our evaluation of the PAD and WRC HIAs, we also took the opportunity to ask key informants a series of questions about HIEC’s potential as it looks ahead to future opportunities. In this section, we share some of the feedback and ideas for HIEC to consider as it charts its path forward.

5.1 Build on New Relationships and Momentum for Future Work

Overall, almost all individuals interviewed for this evaluation reported that they would be very interested in working with HIEC again. As previously described, those individuals who participated in the HIA process for each HIA were impressed by HIEC staff’s analytical, organizational and writing abilities and saw value added by HIEC’s work. Individuals who were not involved in the HIA process but now have reviewed the HIA reports have remarked that they would be interested in collaborating with HIEC moving forward, for example to share and analyze criminal justice data.

As documented in the HIA Impacts Section 5, the HIAs helped contribute to relationship building with other city and county agencies, increased awareness among department heads and decision-makers about HIEC’s work, and in general left a very positive impression with almost all key informants interviewed. Moving forward, HIEC should seek to build on the new relationships developed – particularly with the Public Defender’s Office, Sheriff’s Department, Probation Department, Parks Department, Board of Supervisors and Chief Executive Office – to continue momentum from the two HIAs to develop data-sharing agreements, discuss future policy opportunities and explore future potential collaborations.

5.2 Future Analyses Should Keep an Eye Towards what is Most Salient in Policy Contexts

In general, the majority of key informants noted that the findings that describe cost savings from program investments (e.g. crime and illness averted by PAD and criminal justice costs averted by WRC) were the findings that had the most impact or were most often cited in subsequent discussions or presentations about the PAD and WRC programs.

- *Cost savings based on which parks, being able to do predictive modeling based on existing numbers is helpful for political reasons and community visioning. The numbers make the impacts very realistic and tangible. (Other)*
- *Quantifying crime and physical activity projections were the most helpful and instructive findings for stakeholders; cost data provided a financial argument of how offset future costs. (HIA Lead)*

However, PAD Key informants also noted that the health benefits of parks programming (e.g. decreased diabetes, dementia, etc.) and the number and breadth of people served by PAD was also very helpful. From the beginning of the HIA process, the Public Defender’s Office and CCJCC emphasized that recidivism rates were going to be one of the most important data points that the WRC HIA could develop to inform decision-making.

- *The recidivism analysis was really important for us. Health outcomes typically are not looked at on the criminal justice side but were helpful to have. (Public Agency Staff)*
- *We recommended adding Recidivism and cost-effectiveness of the program since that is what the BOS are most concerned with. (Public Agency Staff)*

Interestingly, one Board of Supervisor deputy reported that employment was also particularly useful.

- *Employment was the number one finding that stuck out for the Supervisor - that’s what she argued most vocally about because of how it leads to sustained life change outcomes. Second was housing, how homelessness decreased by 54%, and third was the recidivism rates. (Decision-Maker Staff)*

5.3 Need to Weigh More Comprehensive vs. Rapid HIA Approaches, including When and Whether an HIA is Labeled as “Rapid”

Most participants who were involved in the HIA process were asked whether or not the full HIA was necessary to have had the impacts they had, or whether a shorter, more limited process could have resulted in the same impacts. Interestingly, almost all of the HIA participants that were not HIA leads stated that the full HIA process was valuable and would recommend doing all HIA steps moving forward, whereas the HIA leads noted that although there were some valuable lessons learned from these HIAs, moving forward they might not recommend doing a full HIA process.

- *The full HIA process gave us the results that we needed. (Public Agency Staff)*
- *The full process was valuable and would not want to remove any part. (LACDPH Staff)*
- *Some unintended actions occurred because we were looking at multiple factors, this was a valuable opportunity to be more comprehensive. (Decision Maker Staff)*
- *Knowing what we know now, I would not recommend scaling back because ... had we done only one aspect, we would not know all that we know now. Our department benefits from the full process. (LACDPH Staff)*
- *Often just a program evaluation is needed. HIA practitioners need to be open to doing evaluation of the program first, and then an HIA later. The evaluation can address equity questions and inform decision-making. If we don't have available data or research, then do the HIA. (HIA Lead)*
- *Doing a full HIA was beneficial for the first time, but going forward it may not be necessary. I now have a better sense of when to do a full HIA versus other activities. (HIA Lead)*

This divergence points towards the need for clear understanding of the objectives for the HIA and the value added that the *process* itself might bring for completing the HIA – for example, in building relationships, uncovering unexpected impacts, preparing stakeholders for future HIAs. This issue is something HIEC will have to better consider as it looks ahead.

Relatedly, while both HIAs adhered to the standard steps of the HIA process, it is notable that both HIAs scopes were far more comprehensive than what might be expected from a rapid HIA approach. Again, both HIAs were intended to be Rapid HIAs, meaning that they were meant to be conducted on a shorter timeline and would be more limited in scope than comprehensive HIAs. However, the evaluation indicates that the scope for these HIAs was far more in line with a comprehensive HIA approach than what one might expect for a rapid HIA timeline.

As noted in Table 2, the PAD HIA took eight months in total and the WRC HIA took longer (15 months total) due to an extended timeline for getting comments back from their advisory team, incorporating edits, and getting final clearance from DPH to publish the report. As noted by one of the project leads, the lack of a clear timeline for the WRC funding decision also contributed to the delayed release, but allowed time for additional information to be included in the HIA report.

In general, staff felt that although it was important to do the HIA on a rapid timeline, the scope of both HIAs ended up being quite large and both HIAs ended up being comprehensive HIAs on what felt like a rapid HIA timeline. Furthermore, all three HIA leads noted that engagement of community stakeholders was more limited than desired because of the rapid HIA timeline. This indicates that HIEC needs to better match the scope and timeline of its HIA to what it perceives itself to be doing – i.e., a Rapid HIA – and if it wants to alter its approach to stakeholder engagement.

- *It was the right path to do a rapid HIA. It is important to learn how to do HIA and how to do it quickly. (LACDPH Staff)*
- *If this was a rapid HIA, it is hard to imagine what a full HIA would be. (LACDPH Staff)*
- *The PAD HIA ended up being a comprehensive HIA but on a rapid HIA timeline. It was able to be comprehensive because we were able to pull in resources across offices and had a good team of people. It would have taken one person a lot longer to do all the activities. (HIA Lead)*

5.4 Many Opportunities Exist for Additional Assessment and Engagement Methods

As previously discussed, the HIAs used a number of different assessment methods to gather evidence: literature reviews, secondary data analysis of program, county and other information, key informant interviews and surveys, focus groups and site visits.

Key informants were asked to look back at what additional methods could potentially have been used for the HIAs and moving forward, what other methods they would recommend HIEC consider using to help gather evidence and stakeholder perspectives. Table 6 lists specific recommendations for stakeholders that could be engaged moving forward. Roles for various stakeholders and assessment methods were described as follows:

- Focus groups in the parks, going to community-based organizations or coalitions near PAD parks, interviewing (more) specific agencies that participate in PAD – e.g. either doing individual follow up or follow up as a group
- Community debriefings – happened prior to PAD HIA as part of PAD Strategic Planning process, anecdotal information shared in those community debriefings could have been a way to incorporate more of the community voice/perspective
- Surveying residents and PAD participants to understand whether physical activity or other health behaviors changed from the program
- Engaging youth potentially through participatory research methods
- Engaging Deputies/Elected Officials to give insights and demonstrate program buy-in
- Engaging the Department of Mental Health to increase attention to programs’ mental health impacts
- A community needs assessment to understand the needs of family members who are involved with the criminal justice system
- Interviewing community residents who are in the neighborhood and impacted by drug addiction
- Interviewing clients who were not successful with the program, even though may have been hard to get in touch
- Bigger focus groups with more women and done over a longer period of time to be able to compare those who completed the program and those who didn’t
- Obtaining data on participants from CDCR prison system to show outcomes of people who are not engaged in the intervention

Table 6: Stakeholders to Engage

Recommended by Key Informants

Non-Health Stakeholders

- Board of Supervisor Deputies
- Youth
- Dept of Children and Family Services
- Probation Dept (Juvenile and Adult)
- Boys and Girls Club
- School District and Local Government
- Private Sector
- Faith communities

Health Stakeholders

- Office of Diversion and Re-Entry
- Environmental Health Division
- Policy Leads for each PHD Division
- Mental Health Departments
- Community-Based Organizations providing Mental Health Services
- CHIP Advisory Group
- New Community Prevention Task Force
- Health Agency Integration Advisory Bd
- Population Health Advisory Board
- Community Health Councils in South LA
- Huntington (County) Hospital
- Kaiser Foundation

5.5 Ideas for Future HIA Topics and HIEC Activities Moving Forward

Both HIA leads and other LACDPH staff interviewed noted that moving forward, HIEC may become inundated with requests as understanding of their work grows. Given that HIEC has limited capacity, multiple stakeholders recommended that HIEC focus on policy, rather than program, HIAs moving forward and that HIEC seeks to leverage relationships across LACDPH.

- *Both HIAs asked very specific program questions tied to funding. Moving forward I would encourage HIEC to focus on HIAs with policy questions rather than program questions, which can tie to larger state or national policy questions and help increase the impact of the HIA research. (HIA Lead)*
- *If [HIEC] can engage other departments with epi capacity, help building capacity across departments and not just have concentrated in HIEC, it will help leverage other resources within LACDPH. Realistically, more resources are needed – there should be 5-10 people dedicated solely to HIEC. (LACDPH Staff)*
- *HIEC should develop strong working relationships with Environmental Health, which has many regulatory functions/inspections but many opportunities to impact policy – and need more engagement with the policy people and Executive Office. Most Divisions within LACDPH have a policy lead. It would be helpful to connect with each of these policy leads to have ear to ground on future potential policy HIA opportunities. (LACDPH Staff)*
- *LACDPH should allocate funding to keep staff up to date on the national field of HIA, keep HIEC skills up to date and make sure staff are not falling behind. This means providing funding for conference travel, training, time and resources to engage other governments doing similar efforts. (LACDPH Staff)*
- *HIEC needs to develop strong relationships with other parts of LACDPH because they know the policy process and opportunities. (HIA Lead)*

Table 7: Proposed Topics for Future HIEC Work and HIAs

Recommended by Key Informants

Criminal Justice-Related Topics

- Impacts of scaling up programs with the new Office of Diversion and Re-Entry
- Community Collaboration Court
- Juvenile Mental Health Court
- Policies related to incarcerated youth
- Veteran’s Court
- START program
- My Brother’s Keeper
- Violence Against Women/DV policies
- Strategies used by the Trauma Prevention Services (gang intervention work, community intervention workers, costs of gun violence)
- Legalization of Marijuana

Built Environment and Parks-Related Topics

- Baseline conditions assessment and analysis of policy impacts of parks/open space assessment
- Housing affordability and safety
- Build on Housing HIA to look at relationship of affordability, access to open/green space, and active transportation opportunities (sidewalks, walking, etc)
- Quantify physical activity and injury benefits of Built Environment (pedestrian and bike infrastructure) and document impacts on social cohesion/connectedness
- “Vision Zero” injury and violence

Other Topics

- Medi-Cal Waiver impact on smaller substance abuse treatment providers
- Sugar sweetened beverage tax
- Policies coming out of LA County’s year-long focus on Race and Equity trainings

Several participants also noted that HIEC is well positioned to do predictive forecasting which could be very helpful for documenting impacts moving forward.

- *It would be helpful if HIEC could do more predictive forecasting of our programs and their effectiveness. Most inmates participate in multiple programs and it’s hard to know which program – for example, the GED versus job training versus cognitive behavioral therapy – is responsible ultimately for the*

improvement in outcomes. We would love their help in doing regression analyses to determine what are the specific factors impacting success. (Public Agency Staff)

- *The HIA field and our HIA team should embrace increasing our capacity to do predictive forecasting. Predictive frameworks can help pull data together collectively, documenting the synergy for example of how improving employment and improving housing can improve health. Most HIA teams do not have the capacity to do predictive forecasting but HIEC sort of has this capacity to do now, and it can be very useful. (LACDPH Staff)*

6 CONCLUSION & RECOMMENDATIONS

Overall, the Parks After Dark and Women’s Re-Entry Court HIAs were successful in achieving their intended objectives and informing the decision-making process about the health impacts of the respective violence prevention and jail diversion programs. The HIA processes engaged numerous government agencies who had previously not been involved in health impact assessments and historically did not view their work as related to health. The process of conducting the HIA helped both the agencies and decision-makers better understand the relationship between Parks and Health and Criminal Justice and Health, as well as help facilitate changes in institutional mindsets related to health framing.

The PAD HIA has helped elevate the PAD program as a national model for doing place-based, cross-sector collaborative work to reduce violence and improve healthy and active living through increased access to a wide range of recreation programs, cultural and educational activities, youth leadership opportunities, and health and social services. As was intended, the PAD HIA helped inform the PAD Strategic Plan and was used in various presentations by LACDPH, DPR, CEO, and others to demonstrate the value of PAD locally. Nationally, Prevention Institute and PolicyLink have repeatedly used PAD as a model practice for reducing violence prevention, which has helped garner more local, state, and national attention to the program.

The release of the WRC HIA happened to coincide with the creation of a new Office of Diversion and Re-Entry and became a key piece of evidence in policy debates and discussions both related to WRC funding and diversion programs more generally within Los Angeles County. Upon seeing the value brought by WRC (as documented in the WRC HIA), WRC Collaborators – notably the Public Defender’s Office, SAPC and CCJCC – started investigating how they could increase local funding and political support for the WRC. As a result of these conversations, SAPC has become the primary funding source for the WRC by leveraging existing county AB 109/Realignment funds and some General Fund funds to support the WRC. Local funding is allowing for greater local control over program participant selection and a broadening of eligible WRC candidates.

Both HIAs may be considered a resounding success that built the capacity of HIEC and participating agency stakeholders to engage in future HIAs, and HIEC should applaud itself for the process it used and the impact of the HIAs.

That being said, there are opportunities for HIEC to improve their HIA practice, particularly with respect to community engagement and equity, if HIEC wants to ensure meaningful impact on preventable health inequities. Another area for growth and improvement is around communications and more active dissemination of findings. Based on the key informant interviews, document review, and evaluation of the PAD and WRC HIAs relative to established HIA Practice Standards, we propose the following recommendations for HIEC to consider in its future work. Our first set of recommendations proposes improvements to HIA processes/steps that, if taken, would support more manageable and effective HIA projects. The second set of recommendations proposes improvements to HIEC’s HIA approach more broadly, that if implemented, would result in a more strategic, meaningful, and impactful

HIA practice that aligns with the underlying values of HIA. Please note that these recommendations are not in order or priority.

Recommendations: HIA Steps/Process

- 1. Identify strategic co-leads: Seek to co-lead HIAs with a staff person (ideally a DPH staff person in another division) who is very involved in the program/policy work that is the topic of the HIA.**

Co-leading an HIA with a subject matter expert or someone very involved in the proposed program or policy helps build trust and timely access to data; leverage relationships with other agencies, community organizations and decision-makers; and ensure ongoing monitoring. Ideally this co-lead is someone within LACDPH or with a health background.

- *Having at least one of the agencies involved in implementing the WRC program be very involved and feel ownership over the HIA was very important [for the HIA's success]. (LACDPH Staff)*
- *Having greater participation from their department would have meant they had more ownership in planning and implementing the HIA than they had. They are a critical component of the program and I wish they had had a bigger seat at the table. (HIA Lead)*

- 2. Improve focus in screening: Have a clear understanding of decision to be analyzed, what information is most needed, and decision timeline before beginning the HIA.**

HIEC should seek to have a clear understanding of the decision to be analyzed, the anticipated timeline, and whether an HIA or other type of information gathering is needed. Sometimes what is really needed is a program evaluation, not a health impact assessment to inform the decision-making process. The primary recommendation here is to beef up the screening process to understand what research product is most needed to support the objectives, and to let decision makers know that an assessment is underway to build their awareness and buy-in.

- *HIA is supposed to inform decision-making. Before you undertake an HIA, you should talk with the Board/Deputies to see if it's a topic they are interested in. HIEC should have a clear sense of what the policy environment is – who's advocating for what, how it fits in larger policy debates. (Decision-Maker Staff)*
- *The CEO and BOS are the ones who make funding decisions. They were made aware of the HIA after the report was complete. Maybe we would have increased our impact if they had been involved earlier in the HIA process. (LACDPH Staff)*

- 3. Avoid “scope creep”: Have multiple scoping meetings to build relationships, understanding of data needs/availability, and refine the scope at the beginning of the project to avoid scope creep throughout the HIA process and to better conform with the type of HIA you want to conduct (e.g., rapid versus comprehensive).**

One of the challenges of the HIAs was “scope creep” where the HIA team considered expanding the scope of their HIA as they became aware of new data or had additional conversations with the HIA partners. For both HIAs and for many HIAs in general, there was one scoping meeting to decide the HIA priority topic areas, and this meeting also served as the

meeting to introduce the concept of HIA, the work of HIEC, and get to know the other departments. This was far too much to expect to accomplish in a single meeting. Having multiple scoping meetings at the beginning of the project can facilitate relationship building between HIA stakeholders and give opportunities to refine the HIA scope, which may help ensure that there are more realistic boundaries around the scope.

Similarly, this would help address the fact that these “rapid” HIAs were really far more similar to comprehensive HIAs – there were few clear obvious ways in which these HIAs appeared to fit the rapid approach, except that they occurred in a bit shorter timeline. Should HIEC move forward with rapid approaches, they should have a realistic sense of what scope would accompany that and how to match stakeholder engagement to those timelines and scopes.

- *Fighting scope creep was a challenge. There are many social determinants of health that go into PAD and it was very tempting to keep expanding the scope. (HIA Lead)*
- *HIEC should seek to have a better system in place to share data with their counterparts in law enforcement and criminal justice. HIEC has developed data sharing agreements with other departments to make HIAs easier. The County’s Open Data Initiative should help facilitate and understanding of what data is available and out there. (HIA Lead)*

4. Improve documentation: Document who provides input on HIA scope and on draft reports. Be clear about the process for characterizing impacts, synthesizing evidence, and developing/prioritizing recommendations.

According to the HIA Practice Standards, one of the areas where both HIAs had room for improvement was on their documentation of who reviewed and provided comments during the HIA scoping stage and on the draft report. Moving forward, HIEC should include these in the report as well as documentation of:

- What standards or process was used to evaluate and characterize the health impacts and their distribution (e.g. magnitude, severity, likelihood and distribution within a population).
- Criteria for developing and prioritizing recommendations (e.g. responsiveness to predicted impacts, specificity, technical feasibility, enforceability, and authority of decision-makers).
- Disclose any potential conflicts of interest in future reports, or if there are none, state that are none.
- Any monitoring plans or activities to track effects of the proposed policy, project or program on health outcomes and health determinants. (see HIA Practice Standards Recommendations of what to include in monitoring plan).

5. Develop a communications and disseminations plan: Develop a comprehensive communications and distribution plan to disseminate HIA findings to decision-makers, community members, department heads, media, and others. Do active dissemination pre- and post-HIA to stakeholders to build awareness.

To increase the effectiveness, longevity, and buy in into the findings, recommendations, and work of HIEC, in future HIAs, HIEC should develop a comprehensive communications and distribution plan to disseminate HIA findings, taking into consideration factors such as education, language, and digital access of community members and leveraging partnerships with community-based organizations to present and disseminate findings to residents. This will help make sure the HIA findings and recommendations get into the hands of decision makers, advocates, and others to consider over the longer term – i.e., if the decision point comes up again in the future. Doing so will also increase the profile of HIEC and build interest and support in its future work.

As part of this, HIEC should do active dissemination (e.g. phone calls, in person meetings, presentations and not just email) pre- and post-HIA to stakeholders. One of the key recommendations from the Board of Supervisors' deputies was the importance of having active dissemination of HIA proposal and findings, not passive dissemination via email.

- *Though the team did a good job disseminating the report, I think we could have used some more skills in lifting up the HIA and disseminating it more widely – for example, doing more individual and group presentations, having a deeper dissemination plan to make sure we were meeting with key decision-makers. The report is amazing and we have used it time and time again, but a formal dissemination plan could have helped make this HIA have had even more impact. (LACDPH Staff)*
- *The best way to disseminate HIA reports to BOS is to reach out to each Supervisor individually (there are only five) and ask if they are interested in receiving a briefing. If LACDPH wants to reach out to the Board Office to share the report, they can do it, and/or they can ask the DPH Board liaison to help set it up. (Decision-Maker Staff)*
- *I would recommend that the HIAs be presented at the Board Deputy Briefings – Parks and Rec, Public Health and maybe even Planning – and emailed to Board members and deputies as deemed appropriate. (Decision-Maker Staff)*
- *HIEC needs a pro-active report distribution and briefing plan. Our inboxes get flooded with emails and sending an email or posting a report to a website won't help make sure the report informs decision-making. If they really want us to consider their report, I need someone to hand it to me and brief me on the findings. (Decision-Maker Staff)*
- *Once the HIA is complete, [they] shouldn't just forward in an email or post on a website. The health department should involve community members, for example via CBOs, and offer trainings and presentations to help them talk about the issue they care about. (Other)*

Recommendations: HIEC Process Moving Forward

6. **Increase focus on equity: Engage disproportionately affected community members in HIAs. Analyze avoidable differences and differential impacts. Frame findings with an equity focus. Make sure recommendations address systems change.**

Equity is one of the core values of HIA and many HIA practitioners work to address unjust and avoidable differences in factors important to health. HIA practitioners and evaluators have

found that many HIAs could be improved by taking a more intentional and thorough approach to addressing equity impacts.

Although the two HIAs had an implicit focus on equity, an explicit focus on equity in the analyses, stakeholder engagement, and dissemination of HIA findings could help identify innovative methods, draw clearer links to the changes needed to mitigate inequities, and more deeply engage impacted communities in HIEC's work – which could directly contribute to improved empowerment for those populations the programs sought to support.

SOPHIA's *Equity Metrics for HIA Practice*⁸ is a concrete and practical tool that HIEC could use to increase equity in its HIA processes and reports, for example, in assessment, stakeholder engagement, dissemination, etc. Minimally, in future HIAs, HIEC should:

- Analyze potential inequities based on age, gender, income, place, race, ethnicity using specific demographic, geographic or temporal boundaries in HIA analysis.
- Meaningfully engage community stakeholders and affected populations in all aspects of the HIA – as advisors to help screen and scope HIA topics, in data collection and analysis, in recommendations development, and in HIA dissemination.
- Try to interview other/additional affected members – e.g. family members of program participants, those who wanted to do the program but were not eligible, former participants, in comparable programs, etc. in order to more fully understand the range of potential impacts.
- Consider how to use the *Equity Metrics for HIA Practice* to identify opportunities for improving consideration of equity in HIEC's HIA and other activities.

7. Improve stakeholder engagement: Actively engage a broader range of stakeholders throughout HIA, with a particular focus on engaging impacted communities.

Although both HIAs did a commendable job engaging other city/county agencies, future HIAs should seek to involve more community members – or their representatives – who will be more directly impacted by the decision, as well as more decision-makers in the HIA process. Doing so has the potential to build more buy-in into the HIA process, and help with dissemination and awareness building of the findings and recommendations. In addition, research indicates that HIAs are more impactful in the decision making context when they have greater degrees of community participation. As one HIA lead stated, “*even though the HIA is on a rapid timeline, we could do more to reach out to one or two major community-based organizations via phone or in person to solicit their input and perspective and have them review the report before it is released.*” Given this, future HIAs should:

- Plan to have more meaningful stakeholder engagement using appropriate participatory or deliberative methods⁹ and actively engaging affected community members, decision-makers, and others in each step of the HIA.

⁸ See MB Jandu, E Bourcier, T Choi, S Gould, M Givens, J Heller, and T Yuen. *Equity Metrics for Health Impact Assessment Practice*, Version 1. Available at: www.hiasociety.org/documents/EquityMetrics_FINAL.pdf

- Directly outreach to decision-makers, responsible public agencies, and organizations representing affected individuals to inform them about the decision to conduct an HIA and obtain additional background policy and community context as appropriate.
- Involve other organizations outside government agencies in their HIAs, including community-based organizations, neighborhood associations, service providers, advocacy and technical assistance organizations, and local businesses.

8. Seek communications support: Work with communication experts to more effectively frame HIEC’s work and value

One recommendation that came up from multiple stakeholders was the need to better frame HIEC’s work. Soliciting the help of communications experts or those who provide technical assistance at a national level on issues related to health and equity could help HIEC understand how to frame their findings to maximize the impact of their research. HIEC should also consider looking internally within LACDPH for potential collaborators with communication skills.

- *As more people buy into health, LACDPH needs to do more branding and advocacy on behalf of the health department to help leverage themselves as natural leaders on these types of issues. (Decision-Maker Staff)*
- *In general, health departments need to do a better job talking about their work and be more thoughtful about how to message their HIA findings. For example, you can’t lead with methods or put out information as though it’s a journal article. You need to lead with the interesting data and frame in a way to illustrate the really exciting outcomes [of the program]. (Other)*
- *The more effective communication of the results we produce, there will be increased awareness of the type of work that we do. (HIA Lead)*

9. Re-consider whether “Rapid HIAs” are the right fit: Consider whether using the term “rapid” to describe HIECs HIAs – especially when most would consider the HIAs to be comprehensive, even if conducted on an accelerated timeline – adds value to HIEC’s HIA work.

As previously discussed, both HIAs were defined as “rapid” HIAs because the screening, scoping and assessment stages were conducted in less than six months. However, as illustrated above, both HIAs appear to have been “comprehensive” HIAs that were conducted on an accelerated timeline to inform the decision-making process in a timely manner. Given that, moving forward, HIEC should consider whether calling their HIAs “rapid HIAs” detracts from their perceived value since often “rapid HIAs” are considered to be more limited in scope and community engagement.

⁹ See Stakeholder Participation Working Group of the 2010 HIA in the Americas Workshop. Best Practices for Stakeholder Participation in Health Impact Assessment. Oakland, CA, October 2011. Available at: http://hiasociety.org/?page_id=31

7 APPENDICES

7.1 HIEC HIA Evaluation Framework

Evaluation Goals:

- Document the HIA successes/positive impacts (to date) on public policy decision-making, stakeholder and inter-agency collaboration, and LACDPH practice.
- Describe the HIAs' challenges and document how HIEC addressed challenges.
- Provide recommendations for improving and institutionalizing HIEC's HIA practice moving forward, considering all steps of HIA practice.
- Assess whether the HIAs met minimum standards of practice.
- Provide feedback to inform how HIEC conducts rapid and comprehensive HIAs.

| Key Eval Questions | Key Measures for Consideration/Notes | Potential Data Sources | | | | |
|--|---|------------------------|----------------------------|-----------------------|--------------------------|--|
| | | Document Review* | Interview HIA Practitioner | Interview Stakeholder | Interview Decision-Maker | Other Data Source |
| HIA PROCESS | | | | | | |
| What was the process for each HIA? How are the two HIAs similar or different from each other? | <ul style="list-style-type: none"> - Origins/reasons for conducting HIA - Political context, timing, and type of HIA - Team and partnering organizations - Objective/goals of HIA - Total time, money, and other resources used/HIA - Health impacts considered, which ones not - Assessment methods and prioritization process used - Impacts to vulnerable populations assessed - How recommendations developed - How findings communicated/disseminated - Any follow-up/M&E process established | X | X | | | |
| Did the HIAs meet Minimum Elements and Practice Standards for HIA practice? | <ul style="list-style-type: none"> - Will use the HIA Minimum Elements and Practice Standards as a checklist to evaluate the HIAs - Pay particular attention to: extent to which each HIA considered available evidence, focused on equity issues, acknowledged limitations of evidence, engaged stakeholders and how recommendations were formulated and delivered to decision makers. | X | X | | | Comparison with Minimum Elements and Practice Standards for HIA (v4) |
| How were stakeholders (e.g. community members, decision-makers, government agencies, media, etc) involved in each of the HIAs? | <p>For each step of the HIA (screening, scoping, assessment, reporting, M&E):</p> <ul style="list-style-type: none"> - Which stakeholders were involved - How were they involved - What role did they play in prioritization - Who not involved that could be in future HIAs or in future HIEC work | X | X | X | X | |

| Key Eval Questions | Key Measures for Consideration/Notes | Potential Data Sources | | | | |
|--|--|------------------------|----------------------------|-----------------------|--------------------------|--|
| | | Document Review* | Interview HIA Practitioner | Interview Stakeholder | Interview Decision-Maker | Other Data Source |
| HIA IMPACT | | | | | | |
| What were the successes of the HIAs? Why were those considered successes? | <p>Were HIA recs considered, accepted, or implemented?</p> <p>Did the HIA project:</p> <ul style="list-style-type: none"> - Lead to change? - Support inclusive public engagement in decision making? - Increase comm. capacity to engage in decision making? - Lead to new cross-sector and/or inter-agency collaborations? - Generate new work/projects or tools? - Increase understanding of policy and health relationships? - Change how institutions address or frame health issues? - Change competency of HIA practitioners? - Change organizational policies, procedures, and/or practices? - Help establish surveillance/monitoring system for decision? | X | X | X | X | Survey? Media Review? |
| What were the challenges? Why were they considered challenges? How did the HIA teams address those challenges? | <ul style="list-style-type: none"> - Key lessons learned from the HIAs - Recommendations for HIEC practice going forward - What tools, policies and other resources needed to enhance LACDPH capacity to identify high-priority policy issues and conduct HIAs? | | X | X | | |
| Did the HIAs advance equity? | <p>Did the HIA process and product:</p> <ul style="list-style-type: none"> - Focus on equity? - Build capacity and ability of communities facing health inequities to engage in future HIAs and in decision-making more generally? - Result in a shift in power benefiting communities facing inequities? - Contribute to changes that reduce health inequities in social and environmental determinants of health? | | X | X | X | Comparison with Equity Metrics for HIA Practice (VI) |
| HIEC MOVING FWD | | | | | | |
| How can HIEC improve cross-sector engagement or inter-agency collaborations? | Develop stakeholder matrix and id who have relationships with, who else could build relationships with related to which topics | | X | X | X | Survey? |
| How can HIEC improve their HIA process/ program activities? | Consider interviewing representatives from other health depts. that have consistently use or have institutionalized HIA | | X | X | X | |
| What needed to enhance LACDPH capacity to identify high-priority policy issues and conduct HIAs? | <p>Consider interviewing representatives from other health depts. that have consistently use or have institutionalized HIA</p> <p>Identify methods/tools/facilitation methods that can be used to engage different stakeholders</p> | | X | X | X | |

7.2 General Key Informant Guide

Note: WRC General Key Informant Guide had many similar questions. Key Informant Guides for HIA Leads was much more extensive and HIA specific.

General Key informant interview guide for Parks After Dark HIA evaluation

Name(s) of interviewee(s):

Phone Number:

Date of Interview:

Thank you for agreeing to be interviewed about your experience conducting the Parks After Dark or PAD HIA. We've been hired by HIEC to help them evaluate HIAs they've completed, and this interview will help us with the evaluation. We'd like you to be as candid as possible with us to help capture the impact of this HIA, understand the factors affecting its successes and challenges, and help inform HIEC's activities. You can choose to skip/not answer any question. Is it OK if I record our phone interview? I will be taking notes during our call, but recording will help ensure accuracy of my notes. If you prefer we keep something confidential, please tell me. If we use a quote that could be linked to you, we'll run it by you. Any questions for me before we begin?

HIA PROCESS

First I would like to ask a few questions about the HIA process.

1. What made you consider conducting/being involved in this HIA?
 - a. *Prompts: how did your organization generally and/or you specifically come to be involved in HIA*

2. Please tell me if you participated in any of the following HIA-related activities [Mark with Y/N/?].
 - a. Helped plan HIA activities
 - b. Contributed data
 - c. Contributed opinions/was interviewed
 - d. Helped prioritize HIA objectives
 - e. Participated in an advisory group or capacity
 - f. Helped facilitate focus groups or interviews
 - g. Reviewed report
 - h. Helped develop recommendations
 - i. Helped disseminate findings
 - j. Helped connect to decision-maker
 - k. Any other way you were involved

3. What skills and experience did the HIA team have that were useful in conducting the HIA, and why? What types of skills do you wish were present on the HIA team, and why?

4. Was this HIA responsive to the needs and timing of the decision-making process? If yes, how? If no, what could have been improved?

STAKEHOLDER ENGAGEMENT

Now I would like to talk about who was involved or not involved in the HIA.

5. Looking back, whose participation was essential to making this HIA happen?

6. This HIA used surveys (the PAD Participant Survey and Key Informant Surveys) to engage community residents in PAD areas/those directly impacted by the decision. Were there other methods that would have been useful to engage community residents and others directly impacted by the decision?
7. Looking back, who was not involved in this HIA that you wish would have been involved, e.g. community organizations, government organizations, residents, etc?
 - a. *Prompts: Were they invited to participate? Reasons for not participating? What would have helped to participate?*
 - b. *Follow up ?: What information do you think they could have provided that would have been helpful?*

HIA IMPACT

Now I would like to talk about the impact that the PAD HIA has had.

1. In your opinion, what impacts has the PAD HIA had? E.g. what successes have occurred as a result of the PAD HIA?
 - a. *Prompts: did the HIA provide data that helped inform funding or other decisions, bring together people that hadn't worked together, help bring attention to health impacts of PAD, increase attention to PAD, etc?*
2. For the following questions, please answer yes or no, and if possible why or why not. Did the HIA project:
 - a. Establish or strengthen interagency and/or community relationships or collaborations?
 - b. Build capacity of the HIA team
 - c. Help increase understanding of the relationship between decision-making and health?
 - d. Increase community capacity to engage in decision making?
 - e. Change how institutions address or frame health issues/e.g health at decision-making table?
 - f. Generate new work/projects or tools?
 - g. Promote equity (equity defined as reducing or mitigating avoidable differences in health status or health determinants)?
 - h. Establish an ongoing monitoring or evaluation system for the decision?
3. What do you think were the critical factors promoting that success/those successes?
 - a. *Prompt: What aspects of the HIA (i.e. process/stakeholder engagement, literature review, analysis, advocacy, etc) were most valuable in terms of elevating health in decision making, and were there any aspects of the HIA that were unnecessary or redundant?*
4. From your perspective, what were the 2 or 3 predictions or findings from the HIA that seemed to have the most impact, and why do you think these were particularly important?
 - a. *Prompt – e.g. Crime and Health (e.g. PAD parks have fewer crimes, impacts on perceived safety), Cross-Sector Collaboration, Physical Activity (eg health benefits of physical activity), Cost-Benefit Analyses (Costs of PAD operations, cost savings from crime averted and illness averted), recommendations*
5. What were the challenges that you experienced in the course of this HIA? How did the HIA team address those challenges? What worked to address the challenges, and what did not?

- b. *Prompts: knowing about the decision-making process, holdups due to bureaucracy of the Health Department, getting the right people around the table, getting diverse community input, having results ready in a timely manner, accessibility of the results and recommendations (readability, results)*
- 6. Were there any unintended impacts of conducting the project?
- 7. Based on your experiences with this HIA, do you want to participate in future HIAs coordinated by HIEC? Do you think your organization should participate in future HIEC HIAs? Why or why not?

HIA INSTITUTIONALIZATION

OK – we are almost done with the interview. Moving forward, HIEC is planning to do additional HIAs and is also interested in exploring other analytical or engagement activities that could help ensure health is considered in decision-making.

- 8. Are there any specific policies/projects/plans that you think HIEC should consider doing an HIA on in the future?
- 9. Looking forward, which stakeholders do you think would be important for HIEC to involve in future HIAs and/or build relationships with? Is there anything else HIEC should do to improve cross-sector engagement or interagency collaborations moving forward?
- 10. As you may know, this HIA was a rapid full HIA involving the six established steps of HIA – screening, scoping, assessment, reporting, monitoring and evaluation. Knowing what you know now, do you think it was necessary to do a full HIA on the Parks After Dark program in order to have health and equity considered by decision-makers?
 - a. If yes, what about the full HIA process was valuable?
 - i. *Prompt – it was a structured/formal 6-step process; viewed as more “legitimate” b/c Health Dept. using an accepted tool, etc*
 - b. If no, how do you think information and involvement about health and equity could have been offered without a full HIA?
 - i. *Prompts – just have the health or cost savings data; just have DPH involved, just do a better job with the public input process*
- 11. Moving forward, what other types of activities do you think HIEC should do to ensure that health and equity are considered in decision-making? Some examples of other activities include a community engagement plan, baseline conditions assessment, literature review, quantitative analyses, cost-benefit analyses, predictive forecasting, etc.
- 12. What tools, policies and other resources are needed to enhance LACDPH capacity to identify high-priority policy issues and conduct HIAs?
- 13. Final question, could you please estimate how much time total you spent on the PAD HIA?
- 14. Is there anything else you would like to add?

*Thank you for answering all our questions!
If you are interested, we will be happy to send you a copy of the final eval report once completed.*

7.3 Key Informant Interviews Requested and Completed

| Stakeholders Interviewed from each HIA for this Evaluation | | |
|---|--------------------------|-----------|
| Agency/Organization | Key Informant Interviews | |
| | Requested | Completed |
| PAD HIA | | |
| LAC Department of Public Health including: - Health Impact Evaluation Center - Division of Chronic Disease & Injury Prevention | 5 | 4 |
| LAC Department of Parks and Recreation | 3 | 4 |
| LAC Chief Executive Office | 1 | 1 |
| LA Mayor's Office | 2 | 0 |
| Community-Based Organizations | 1 | 0 |
| Other Jurisdictions (Long Beach, Pasadena, Santa Clara) | 3 | 2 |
| Board of Supervisors' Parks Deputies | 2 | 0 |
| Technical Assistance Provider | 2 | 2 |
| Total | 19 | 13 |
| WRC HIA | | |
| LAC Department of Public Health including: - Health Impact Evaluation Center - Substance Abuse Prevention and Control - Office of Diversion and Re-Entry | 6 | 5 |
| LAC Public Defender's Office | 3 | 3 |
| LAC District Attorney's Office | 1 | 1 |
| LAC Department of Probation | 1 | 2 |
| LAC Superior Court | 1 | 0 |
| LAC Sheriff's Department | 3 | 2 |
| Countywide Criminal Justice Coordinating Committee | 1 | 1 |
| Prototypes/Service Provider | 2 | 1 |
| Board of Supervisors' Health and Criminal Justice Deputies | 2 | 2 |
| Total | 20 | 17 |

7.4 Completed HIA Minimum Elements Table

According to the *Minimum Elements and Practice Standards for Health Impact Assessments (Version 3)*, “Comprehensive Health Impact Assessments (HIA) should include the following minimum elements, which together distinguish HIA from other processes used to assess and inform decisions:”

| Minimum Elements of HIA | PAD HIA | WRC HIA |
|---|------------|---------|
| 1. HIA is conducted to assess the potential health consequences of a proposed program, policy, project, or plan under consideration by decision-makers, and is conducted in advance of the decision in question. | ✓ | ✓ |
| 2. HIA involves and engages stakeholders affected by the proposal, particularly vulnerable populations. | ✓ | ✓ |
| 3. HIA systematically considers the full range of potential impacts of the proposal on health determinants, health status, and health equity. | ✓ | ✓ |
| 4. HIA provides a profile of existing conditions for the populations affected by the proposal, including their health outcomes, health determinants, and vulnerable sub-groups within the population, relevant to the health issues examined in the HIA. | ✓ | ✓ |
| 5. HIA characterizes the proposal’s impacts on health, health determinants, and health equity, while documenting data sources and analytic methods, quality of evidence used, methodological assumptions, and limitations. | ✓ | ✓ |
| 6. HIA provides recommendations, as needed, on feasible and effective actions to promote the positive health impacts and mitigate the negative health impacts of the decision, identifying, where appropriate, alternatives or modifications to the proposal. | ✓ | ✓ |
| 7. HIA produces a publicly accessible report that includes, at minimum, documentation of the HIA’s purpose, findings, and recommendations, and either documentation of the processes and methods involved, or reference to an external source of documentation for these processes and methods. The report should be shared with decision-makers and other stakeholders. | ✓ | ✓ |
| 8. HIA proposes indicators, actions, and responsible parties, where indicated, for a plan to monitor the implementation of recommendations, as well as health effects and outcomes of the proposal. | In process | ○ |
| <p>✓ = Minimum Element Achieved</p> <p>○ = Minimum Element Somewhat Achieved. Concept for monitoring plan developed as part of subsequent Pay-for-Success Application. Plan is not funded but blueprint for monitoring/evaluation was established.</p> <p>In process = Still to be determined if Minimum Element Achieved. One year monitoring likely to occur through contracted evaluation of PAD programs.</p> | | |

7.5 Completed HIA Practice Standards Table

Created by a working group at the HIA of the Americas conference in 2010, the Minimum Elements and Practice Standards document describes best practices in how HIA should be conducted. This evaluation used version 3 of the practice standards, released in September 2014, which incorporated extensive feedback from HIA practitioners. The document is available at: http://hiasociety.org/?page_id=31

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
|---|-------------------------------|---|-------------------------------|--|
| I. GENERAL STANDARDS FOR HIA PRACTICE | | | | |
| 1.1 HIA is a forward-looking activity intended to inform a proposed program, policy, project, or plan under consideration by decision-makers; however, an HIA may evaluate an existing program, policy, project, or plan in order to inform a prospective decision or discussion. | Yes | HIA intended to inform future decision-making about PAD funding and inform a long-term strategic plan. | Yes | HIA intended to inform future decision-making about WRC funding |
| 1.2 An HIA should include the steps of screening, scoping, assessment, recommendations, reporting, and evaluation. | Yes | PAD HIA included all steps. | Yes | WRC HIA included all steps. |
| 1.3 Each HIA process should begin with explicit written goals that can be used to evaluate the success and impacts of an HIA process. | Not clear | Final report explicitly states HIA goals (see Page 2) however not clear whether these goals were shared at beginning of HIA process or in a workplan. | Yes | Scoping document and final report (Page 4) explicitly state HIA goals |
| 1.4 The HIA should be responsive to the needs and timing of the decision-making process. | Yes | Stakeholder interviews affirm that HIA completed in timeline that makes data accessible and available to decision-makers to inform subsequent funding decisions. | Yes | Stakeholder interviews affirm that HIA completed in timeline that makes data accessible and available to decision-makers to inform subsequent funding decisions. |
| 1.5 HIA requires integration of knowledge from many disciplines as well as from affected communities. The practitioner or practitioner team must take reasonable steps to identify, solicit, and utilize this expertise to both identify and answer questions about potentially significant health impacts. | Yes | HIA integrated knowledge from peer-reviewed literature, data from Parks Department, Sheriff's Department, Police Department, US Census, health care utilization data, and surveyed community members and key informants | Yes | HIA integrated knowledge from peer-reviewed literature, data from SAPC/LACPRS, state and federal justice statistics, interviews with experts, one focus group and interviews with a couple program participants. |
| 1.6 Meaningful and inclusive stakeholder (e.g., affected community, public agency, decision-maker) participation in each step of the HIA supports HIA quality and effectiveness. Each HIA should have a specific engagement and participation approach that utilizes participatory or deliberative methods suitable to the needs of stakeholders and context. | Limited, room for improvement | Although HIA involved a number of public agencies throughout the HIA process, engagement of affected community members was limited to key informant and PAD participant surveys, engagement of decision-makers was very limited, and process could have been more participatory. HIA authors acknowledge stakeholder engagement was limited because of Rapid HIA timeline | Limited, room for improvement | Engaged various different agencies/government stakeholders but did not use participatory methods. Limited engagement of impacted community members (incarcerated population) through focus group and interviews and no engagement of incarcerated population's family and community members. |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
|---|--------------|---|-------------------------------|--|
| | | and “occurred at critical points... including: 1) being informed regarding the HIA process, 2) providing information for the assessment through key informant surveys, 3) review of the draft report, and 4) communication of findings.” | | |
| 1.7 Monitoring is an important follow-up activity in the HIA process. The HIA should propose a monitoring plan to track the health-related outcomes of a decision and its implementation. | Yes | PAD expansion is going to include funding for an evaluator to continue monitoring physical health and other outcomes of PAD activities, PAD strategic planning team will be monitoring funding decisions. | Some-what | HIA Lead reports doing informal monitoring of the WRC Funding status. HIEC staff reports that WRC Monitoring/Evaluation plan was developed for the Pay-for-Success Application, which drew extensively on HIA. However monitoring plan was not explicit part of HIA process or report. |
| 1.8 HIA integrated within another impact assessment process should adhere to these practice standards to the greatest extent possible. | N/A | | N/A | |
| 2. STANDARDS FOR THE SCREENING STEP | | | | |
| <i>While screening may be part of a linear HIA process, it may also occur apart from and prior to an HIA, without negative effects on practice quality. The impetus or decision to conduct an HIA may result from forces including political decisions or regulatory requirements and may be conducted by individuals or organizations other than HIA practitioners. Because of these alternative drivers for HIA, a process for screening is not considered an essential element.</i> | | | | |
| 2.1 Screening should clearly identify all the decision alternatives under consideration by decision-makers at the time the HIA is considered. | Yes | Report Pg 13: As a result of this screening process, the decision was further defined as three clear alternatives: (1) sustain funding for PAD programming in the current six parks, (2) implement PAD programming in an additional 10 parks, which would expand PAD into 16 parks total, or (3) discontinued PAD programming at some parks due to uncertainty in funding. | Limited, room for improvement | HIA considered whether or not funding should be continued for WRC. HIA Lead reports that this HIA just looked at CDCR funding for WRC and did not consider other potential funding sources for WRC. |
| 2.2 Screening should determine whether an HIA would add value to the decision-making process. The following factors may be among those weighed in the screening process: a) the potential for the decision to result in substantial effects on public health, particularly those effects which are avoidable, involuntary, adverse, irreversible, or catastrophic; b) the potential for unequally distributed impacts; c) the potential for impacts on populations with poor health; d) stakeholder concerns about a decision’s health effects; | Yes | Report Pg 13: The DPH HIEC reviewed the initial Rapid HIA proposal, in order to determine if a Rapid HIA would add value to the process of deciding to continue or expand PAD in communities of LA County that experience high rates of crime and obesity... Based on previous program success for PAD and similar efforts in other jurisdictions, the project team agreed that there are a multitude of potential health benefits that would be possible for the Rapid HIA to examine | Yes | HIA Screening Worksheet – “The HIA will provide an opportunity to educate and engage stakeholders about how continuing this programming can reduce recidivism, improve health outcomes and provide cost savings. Also, there is a possibility the HIA could be used as one of many factors that will be taken into consideration for building the new County jail facilities.” See also page 28 of HIA report which states “In order to narrow the focus of this Rapid HIA, |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| <p>e) the potential for the HIA to add new information that would be useful to decision-makers;</p> <p>f) the potential for the HIA to result in timely changes to a policy, plan, program, or project;</p> <p>g) the availability of data, methods, resources, and technical capacity to conduct analyses;</p> <p>h) the availability, application, and effectiveness of alternative opportunities or approaches to evaluate and communicate the decision's potential health impacts.</p> | | <p>more closely.</p> <p>HIA Screening Worksheet – There is opportunity for findings and opportunities to be incorporated into the Strategic Plan for the regional model of PAD. The HIA will provide an opportunity to educate and engage stakeholders about how expanding this programming can reduce crime and obesity and improve social cohesion. Possible partnerships with other city programs in and outside LA County, and with new government and community agencies. Opportunities for community engagement by working collaboratively with families who live in close geographic proximity and do not otherwise have a safe space to spend time outdoors and bond with each other. Opportunities for local youth to build leadership skills and engage community to improve health.</p> | | <p>several factors were taken into consideration to identify two to three priority areas to assess:</p> <ol style="list-style-type: none"> 1. Magnitude and/or immediacy of potential health impacts, 2. Availability of data to assess baseline conditions and program impacts, and 3. Availability and strength of evidence in systematic reviews to evaluate potential health outcomes” |
| <p>2.3 Sponsors of the HIA should notify, to the extent feasible, decision-makers, stakeholders, affected individuals and organizations, and responsible public agencies on their decision to conduct an HIA.</p> | Yes | <p>Report Pg 14: In February 2014, DPR, Sheriff's Department, and CEO representatives assigned to PAD were advised of the HIA process during a PAD strategic planning meeting. In March 2014, other stakeholders, including community members, other DPH staff, GVRI demonstration site coordinators, agencies that provided services during PAD, representatives from the LA City, Long Beach, and Pasadena SSP programs, and Park Deputies in the LA County Board of Supervisors office were informed of the HIA while being requested to complete key informant surveys.</p> | Yes, Room for Improvement | <p>HIA Leads report that LACDPH-SAPC, Public Defender, District Attorney, Superior Court, Department of Probation and CCJCC were directly informed of decision to conduct the WRC HIA. Two other WRC Collaborators – CDCR and the Department of Mental Health – and the Board of Supervisors – were indirectly informed by the HIA being mentioned at a CCJCC meeting. However there was not direct communication with those three agencies/decision makers about the HIA.</p> |
| 3. STANDARDS FOR THE SCOPING STEP | | | | |
| <p>3.1 The scoping process should establish the individual or team responsible for conducting the HIA and should define roles for the HIA team, funders, technical advisors, stakeholders, and</p> | Yes, Room for Improvement | <p>Roles were discussed and defined but not formally written in a workplan. There are documents with proposed process, timeline, research</p> | Yes | <p>See 9/12/14 Workplan document: "Project Scope, Tasks and Timeline"</p> |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| other partners. | | tasks and methods – but document does not include roles. | | |
| 3.2 During scoping, the goals and anticipated outcomes of the HIA should be clearly established and documented. | Yes | Goals (see 1.3 above) AND Anticipated Impacts = from HIA Screening Worksheet “The HIA will provide an opportunity to educate and engage stakeholders about how expanding this programming can reduce crime and obesity and improve social cohesion. Possible partnerships with other city programs in and outside LA County, and with new government and community agencies. Opportunities for community engagement by working collaboratively with families who live in close geographic proximity and do not otherwise have a safe space to spend time outdoors and bond with each other. Opportunities for local youth to build leadership skills and engage community to improve health.” | Yes | Goals (see 1.3 above) AND Anticipated Impacts = from HIA Screening Worksheet “The HIA will provide an opportunity to educate and engage stakeholders about how continuing this programming can reduce recidivism, improve health outcomes and provide cost savings. Also, there is a possibility the HIA could be used as one of many factors that will be taken into consideration for building the new County jail facilities.” |
| 3.3 A plan for conducting the HIA should be established that includes identification of: a) the decision and decision alternatives that will be studied; b) potential significant health and health equity impacts that will be studied; c) demographic, geographical, and temporal boundaries for impact analysis; d) research questions for impact analysis; e) evidence sources and research methods expected for each research question in impact analysis; f) an approach to the evaluation and characterization of impacts and their distribution; g) roles for experts and key informants; h) the standards or process, if any, that will be used for determining the significance of health impacts; i) a plan for external and public review; and j) a plan for disseminating findings and recommendations. | Mostly | a) Yes (decision alternatives = sustain funding for current 6 parks, expand to 10 new parks, or discontinue funding for some) b) Yes (low income communities at risk of violence are focus population); c) Yes (zipcode tabulation areas that correspond to PAD and expansion park communities) d) Yes (stated in report) e) Yes (see report + “PAD Scoping Diagram and Research Questions” document] f) Somewhat (HIA lead reports informal characterization conducted, looked at quality, quantity and reproducibility of evidence) g) Yes (involved via key informant surveys) h) no (although physical activity impacts were quantified, there was no formal process for determining significance) | Mostly | a) Yes (decision alternatives = considered costs of incarceration vs. costs of continuing WRC program) b) Yes (incarcerated women with co-occurring disorders are focus population) c) Somewhat (where possible, used comparison population) d) Yes (stated in HIA report) e) Yes (See “Rapid HIA 2, Women’s Re-Entry – Screening, Scoping, Assessment” document) f) Somewhat (HIA lead reports informal characterization of health impacts conducted in qualitative, not systematic, manner) g) Yes (involved via Key Informant Interviews) h) Yes (HIA lead reports assessment of evidence quality tracked in a spreadsheet documenting all of the literature available for each topic area) i) Somewhat (report reviewed by numerous agency stakeholders, not released for public review) |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| | | <p>i) Somewhat (report reviewed by numerous agency stakeholders, not released for public review)</p> <p>j) yes (PAD distribution spreadsheet lists who will receive report from who)</p> | | <p>j) Yes (WRC distribution spreadsheet lists who will receive report from who)</p> |
| <p>3.4 A stakeholder engagement plan should be developed that establishes not only which stakeholders should be invited to participate in the process, but also the level of engagement to be solicited, and the methods that will be utilized to promote stakeholder participation throughout the HIA process.</p> | No | <p>Although stakeholders were involved in various parts of HIA, an explicit stakeholder engagement plan was not created as part of this HIA.</p> | <p>Yes, Room for Improvement</p> | <p>9/12/14 workplan outlined who planned to interview as key informants, their focus groups and which members of HIA team were responsible for which data.</p> |
| <p>3.5 During scoping, the range of health issues to be examined in the HIA should be clearly defined.</p> | | | | |
| <p>3.5.1 Scoping should include a systematic consideration of potential pathways that could reasonably link the decision and/or proposed activity to health, whether direct, indirect, or cumulative.</p> | Mostly | <p>HIA leads considered many different ways that PAD could have impacted health (see list on HIA report Pg 14/15). Not clear whether it was systematic but appears to be very comprehensive.</p> | Mostly | <p>HIA leads considered many different ways that WRC could impact health (see HIA report AI-2 and AI-3). Not clear whether it was systematic but appears to be very comprehensive.</p> |
| <p>3.5.2 Scoping should consider both individual health outcomes and contextual health determinants.</p> | Yes | <p>HIA report Pg 15 + 16 Logic models illustrate that both health determinants, health impacts and costs considered</p> | Yes | <p>HIA report Pg 8 - Logic model illustrates that both health determinants, health impacts and system impact are considered</p> |
| <p>3.5.3 The final scope should focus on those impacts with the greatest potential significance, with regards to factors including but not limited to magnitude, severity, certainty, stakeholder priorities, and equity.</p> | Yes | <p>HIA report Pg 15 In order to narrow the focus of this Rapid HIA, several factors were taken into consideration to identify two to three priority areas to assess: 1. Magnitude and/or immediacy of potential health impacts, 2. Availability of data to assess baseline conditions and program impacts, and 3. Availability and strength of evidence in systematic reviews to evaluate potential health outcomes. Three areas of focus were prioritized and assessed in this Rapid HIA: crime, physical activity and cross-sector collaboration. These areas were selected based on the availability of data, program information and discussions with stakeholders... There are limited data available to evaluate other potential health impacts related to decreased youth gang involvement, it was</p> | Yes | <p>HIA report Pg AI-3 – “In order to narrow the focus of this Rapid HIA, several factors were taken into consideration to identify two to three priority areas to assess: 1. Magnitude and/or immediacy of potential health impacts, 2. Availability of data to assess baseline conditions and program impacts, and 3. Availability and strength of evidence in systematic reviews to evaluate potential health outcomes. Six areas of focus were prioritized and assessed in this Rapid HIA: substance use, mental health, employment, housing, relationships and recidivism. These areas were selected based on the availability of data, program information and discussions with stakeholders... While physical health services (e.g. dental health) and associated impacts were identified as an important component of WRC, this was eliminated as an area of focus for the Rapid HIA; the</p> |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| | | <p>excluded from this assessment as a focus area.</p> <p>HIA leads also mentioned that social cohesion was another area of interest but was deprioritized for lack of data/time.</p> | | <p>project team decided to focus on program aspects outside of the traditional clinical care setting.”</p> |
| 3.5.4 In identifying and evaluating priority health issues, practitioners should consider the expertise of health professionals, the experience of the affected communities, and the information needs of decision-makers. | Yes | Methods included data collection from all of the above. | Some-what | HIA Leads report using data from key informant interviews, HIEC staff, and the focus groups with women to inform priority health issues. Multiple stakeholders report that recidivism included in HIA analysis because it was key issue/information needed for decision-makers. |
| 3.6 The scope should include an approach to evaluate any potential inequities in impacts based on population characteristics, including but not limited to age, gender, income, place (disadvantaged locations), and race or ethnicity. | Yes, but room for improvement | The HIA scope implicitly evaluated potential inequities by place, income, age, and race/ethnicity because of the locations of PAD programming relative to citywide/comparison data. However HIA leads note that focus on equity was not explicit. | Yes, but room for improvement | The HIA scope implicitly evaluated potential inequities by the HIA’s focus on incarcerated women with co-occurring disorders and attempts to describe program participants relative to other incarcerated populations. However focus on equity was not explicit. |
| 4. STANDARDS FOR THE ASSESSMENT STEP | | | | |
| 4.1 Assessment should include, at a minimum, a summary of existing (baseline) conditions and a assessment of health impacts. | Yes | Baseline conditions = pages 18-24 of report Assessment of Health impacts = pages 25-37 | Yes | Not clearly articulated as separate baseline/existing conditions and prediction of health impacts, but the information is stated for both in the report as 1) what is the existing conditions of women pre-WRC and 2) post-WRC conditions/health status |
| 4.2 Existing conditions should present a profile of relevant health status and health determinants among the affected communities. The existing conditions should also document known population health vulnerabilities including evidence of poor health status among affected communities. | Yes | Existing conditions assessment looks at: <ul style="list-style-type: none"> - Age, race/ethnicity, sex by zipcode of current and expansion parks compared to LA county - Parks attendance - Health determinants: Non-fatal assault hospitalization rate, childhood obesity prevalence, economic hardship index in current and expansion parks compared to LA county avg | Yes | Not clearly articulated as separate/baseline conditions but does describe health status and health determinants of female incarcerated population that enter the WRC program. |
| 4.3 Assessment of health impacts should be based on a synthesis of the best available evidence. This means: | | | | |
| 4.3.1 Evidence considered may include existing data, empirical research, professional expertise and local knowledge, | Yes | Data sources included: <ul style="list-style-type: none"> - Literature review - Park program data - Community data (from | Yes | Evidence included: <ul style="list-style-type: none"> - Data from LACPRS pre-/post- WRC program - Data from state and federal |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| and the products of original investigations. | | census, hospitals, health data, EHI) - PAD Participant survey data - Crime data - Key informant survey | | justice statistics - Literature reviews - Interviews w experts - Focus group - Site Visit |
| 4.3.2 When available, practitioners should utilize evidence from well-designed and peer-reviewed systematic reviews. | Yes | “this assessment is limited to evidence from high-quality systematic reviews showing increased physical activity reduces the risk of the following five health outcomes (Woodcock, 2009): Cardiovascular disease, Depression, Diabetes, Cancer, Dementia” (HIA report Pg 41) | Yes | HIA report Pg AI-3 - “The literature search was limited to systematic reviews when possible” |
| 4.3.3 HIA practitioners should consider evidence both supporting and refuting particular health impacts. | Yes | HIA Lead - We didn’t find evidence that refuted the impacts, but in some parks we didn’t see the decrease in crime that we saw in other parks. We described this finding in the report – and since the report publication have actually seen subsequent decreases in crime in those parks. | Yes | HIA Lead – Not find literature refuting. Literature review, key informant interviews, focus groups and conversations with experts in field of criminal justice all corroborated the health impacts explored in this assessment. |
| 4.3.4 The expertise and experience of affected members of the public (local knowledge), whether obtained via the use of participatory methods, collected via formal qualitative research methods, or reflected in public testimony, comprise a legitimate source of evidence. | Yes | Data sources included PAD Participant survey data and key informant survey | Yes | Attempted to conduct focus groups with impacted populations/graduates of the WRC program, only able to conduct one focus group and two interviews. Also conducted interviews with one drug counselor, judge, probation and parole officers. |
| 4.3.5 In summarizing the quality of evidence for each pathway, the HIA should rate the strength of evidence based on best practices for the relevant field (i.e., standards for meta-analysis, epidemiologic studies, qualitative methods, or others as appropriate). | Yes | HIA Lead – Yes we did summarize in an informal way when there wasn’t a systematic review of the topic available. For Physical Activity, we were able to use the Woodcock systematic review. When no systematic review (for crime and public health), we developed a spreadsheet of resources looking at the quality, quantity and reproducibility. Because PAD is unique and has so many different components impacting health, we had to do each component separately, which was very time consuming. | Yes | HIA Lead – We did summarize the quality of the evidence in a comprehensive spreadsheet. It was not the same as a full systematic review, but we did go through all the literature available for each area. |
| 4.3.6 Practitioners should acknowledge where evidence is insufficient to evaluate or | Yes | HIA report pg 15 – “There are limited data available to evaluate other potential health | Yes | HIA report Pages I6, All-6, and All-4: Limitations to data were acknowledged in report |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| judge health effects identified as priority issues in the screening and scoping stage of HIA. | | impacts related to decreased youth gang involvement, it was excluded from this assessment as a focus area.” | | |
| <p>4.4 To support determinations of impact significance, the HIA should characterize health impacts using parameters such as (but not limited to) direction, severity, magnitude, likelihood, and distribution within the population. These can be understood as follows:</p> <p>Direction: Whether the potential change would be beneficial or adverse</p> <p>Severity: More severe effects include those that are disabling, life-threatening, and permanent</p> <p>Magnitude: How widely the effects would be spread within a population or across a geographical area</p> <p>Likelihood: How likely it is that a given exposure or effect will occur.</p> | Yes | <p>HIA characterized impacts with regard to direction and likelihood (decline in crime, decreased crime-related costs, improved health outcomes related to increased physical activity, health cost savings, and likelihood of increased cross-sector collaboration)</p> <p>Example, HIA report Pg 38/39: “On average, Part I crimes in the original three PAD park areas decreased 32%, while those in comparison park areas increased 18%....For each 9-week program, this equates to a total of 14.5 fewer crimes per park during the summer... The decreased crime observed was estimated to reduce county expenditures on crime by a total of \$460,000 of avoided costs of crime to Los Angeles County per park per summer.”</p> | Yes | <p>Impact significance estimated in terms of likelihood of impact (e.g. WRC graduates more likely to have lower re-arrests, re-convictions, return to custody; more likely to receive mental health treatment/decrease PTSD symptoms; more likely to have a job and home, etc)</p> <p>Example HIA report Pg 15: “If the WRC program is not sustained and other trauma-informed court diversion programs are not available to women charged with felony offenses, these women may be up to 2.8 times more likely to be charged with a new conviction and incarcerated within 3 years of release from custody.”</p> |
| 4.5 Assessment of health impacts should explicitly acknowledge methodological assumptions as well as the strengths and limitations of all data and methods used. | | | | |
| 4.5.1 The HIA should identify data gaps that prevent an adequate or complete assessment of potential impacts. | Yes | HIA report Pages 14, 38, 47, 56: Limitations to data were acknowledged in report. | Yes | HIA report Pages 16, All-6, and All-4: Limitations to data were acknowledged in report |
| 4.5.2 Assessors should describe the uncertainty in predictions. | Yes | Each health impacts chapter includes a section on uncertainties which includes a brief description of potential sources of bias and uncertainty. | Some-what | Limitations sections (see 4.5.1) describe some uncertainty of predictions. |
| 4.5.3 Assumptions or inferences made in the context of modeling or predictions should be made explicit. | Yes | <p>Assumptions made explicit throughout the report when using data to predict outcomes.</p> <p>E.g. HIA report Pg 18 – “this assumes the number of visits represents the number of unique participants, which may overestimate reach if visitors attend PAD multiple times per week/month.</p> <p>E.g. HIA report Pg 44 “In</p> | Yes | <p>Assumptions made explicit throughout the report when using data to predict outcomes</p> <p>E.g. HIA report Pg 15 “Conservatively assuming that WRC participants would have served one year in jail instead of being referred to treatment, and recidivating women would be sentenced to an additional year in jail, the WRC program would save over \$800,000 in incarceration costs (per cohort of 60 women</p> |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| | | order to evaluate change in physical activity using the ITHIM model, it was necessary to assume PAD would be implemented and used year-round.” | | per year).” E.g. HIA report Pg All-7 “The extent to which the MERIT program at CRDF can reduce recidivism remains uncertain, emphasizing the need to conduct additional research to follow MERIT participants after their release from jail.” |
| 4.5.4 Justification for the selection or exclusion of particular methodologies and data sources should be made explicit (e.g., resource constraints). | Yes | HIA report Pages 14, 38, 47, 56: Justification for why data was included or excluded was described in the scoping section and uncertainties sections of each health impacts chapter. E.g. “An assessment of the impact of other violence reduction initiatives in the surrounding PAD and comparison park communities was beyond the scope of this HIA. | Yes | Acknowledged in Limitations to data (HIA report Pages 16, All-6, and All-4:) |
| 4.5.5 The HIA should acknowledge when available methods were not utilized and why (e.g., resource constraints). | Yes | HIA report acknowledges that “Original data collection, comprehensive systematic reviews, and time-intensive stakeholder engagement are beyond the scope of a Rapid HIA.” (HIA report Pg 15) + other explanation of limitations in uncertainties sections. | Yes | Acknowledged in Limitations to data (HIA report Pages 16, All-6, and All-4:) |
| 4.6 The lack of formal, scientific, quantitative, or published evidence should not preclude reasoned evaluation of health impacts. | N/A | | N/A | |
| 5. STANDARDS FOR THE RECOMMENDATIONS STEP | | | | |
| 5.1 The HIA should include specific recommendations to manage the health and equity impacts identified, including recommendations supporting a specific decision alternative; modifications to the proposed policy, program, plan, or project; or mitigation/enhancement measures. | Yes | See recommendations in HIA report, pages 39, 49, 57 and 61. | Yes | See recommendations in HIA report, page 17. |
| 5.2 Recommendations should consider not only the mitigation of adverse effects, but also the potential to enhance health benefits. | Yes | See recommendations in HIA report, pages 39, 49, 57 and 61. | Yes | See recommendations in HIA report, page 17. |
| 5.3 Recommendations may not be indicated in all cases: for example, if there are no identified adverse impacts or if an HIA practitioner is | N/A | | N/A | |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| not legally able to take a policy position. | | | | |
| 5.4 The following criteria may be considered in developing recommendations and mitigation measures: responsiveness to predicted impacts, specificity, technical feasibility, enforceability, and authority of decision-makers. | Yes | HIA Lead – HIA team considered the technical and political feasibility of each of their recommendations. If not politically feasible, the recommendation was not included. We also tried to make sure that all recs have a “who” attached to it, to ensure accountability for whoever was supposed to implement the recommendation. | Yes | HIA Lead – Many of the recommendations were developed from the results of the assessment data (e.g. LACPRS data and focus groups). |
| 5.5 Input from the affected population(s) should be solicited and considered during development of recommendations to ensure that the recommendations are responsive to community needs and address community concerns in an acceptable manner. | Some-what, Room for Improvement | HIA Leads noted that community residents were asked for suggestions about how to improve PAD during key informant survey, and their recommendations were considered in the HIA recommendations development. However, community residents were not directly involved in the HIA recommendations development process in the ways that the Sheriff’s and Parks department staff were involved in developing, reviewing and prioritizing recommendations. | Some-what, Room for Improvement | HIA Lead noted that women interviewed in focus groups were asked for suggestions and recommendations about what was needed to improve the WRC program and their comments/recommendations were considered in the HIA recommendations development. |
| 5.6 The criteria used for any prioritization of recommendations should be explicitly documented. | No | No explicit documentation of how recommendations were prioritized. HIA lead notes that the policy brief includes just the priority recommendations but HIA report includes all recommendations. | No | No explicit documentation of how recommendations were prioritized |
| 5.7 Recommendations are effective only if they are adopted and implemented; therefore, input should be solicited from decision-makers on the developed recommendations and considered to ensure that the recommendations can be translated into actionable measures. | Yes, Room for Improvement | HIA Lead – We presented our preliminary recommendations to the PAD Strategic Planning Committee at one of their regular meetings, and did change some of our recommendations based on suggestions made by the Sheriff’s Department and Department of Parks and Recreation. | Yes, Room for Improvement | HIA Lead - Draft recommendations were reviewed by HIEC, SAPC, CCJCC and the Public Defender’s office to make sure the recommendations were appropriate and feasible. Many of the recommendations were intentionally broad in scope and not as specific as we had wanted them to be to make them more palatable for decision-makers. |
| 5.8 Where needed, expert guidance should be utilized to ensure recommendations reflect current effective practices. | N/A | | N/A | |
| 5.9 Where possible, recommended | N/A | Mitigation plan applicable to | N/A | Mitigation plan applicable to EIA |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| mitigations should be further developed and integrated into a Health Management Plan that clearly outlines how each mitigation measure will be implemented. Management plans commonly include information on: deadlines, responsibilities, management structure, potential partnerships, engagement activities, and monitoring related to the implementation of the HIA mitigations. | | EIA plans. | | plans. |
| 5.10 An HIA may include recommendations that go beyond the purview of the proposal decision-maker and that target different audiences such as project investors or financiers, implementing agencies, regulating agencies, health care agencies, or researchers. | Yes | HIA report has recommendations for specific regulating agencies (e.g. DPR, Sheriff's Department, DPH, PAD leadership, evaluators) in addition to BOS/funders. | Yes | Although not explicitly stated who the recommendations are geared towards, the recommendations are targeted to: Decision-makers determining WRC funding, funding for job and computer training, staffing for housing counseling/connecting to services, LA County Jails, Prototypes and Evaluators |
| 6. STANDARDS FOR THE REPORTING STEP | | | | |
| 6.1 The parties conducting the HIA should provide a publicly accessible final report that includes, at minimum, the HIA's purpose, findings, and recommendations. The report should also document the process involved in arriving at findings and recommendations (e.g., assessment methodology and recommendation setting approach) or alternatively provide separate documentation of these processes. | Yes, Room for Improvement | Report posted to LACDPH website HIA report describes Assessment Methodology, however does not describe process for developing recommendations. | Yes, Room for Improvement | Report posted to LACDPH website HIA report describes Assessment Methodology (see pg 12 of Report + Appendix 1), however does not describe process for developing recommendations. |
| 6.2 To support effective, inclusive communication of the principal HIA findings and recommendations, a succinct summary should be created that communicates findings in a way that allows all stakeholders to understand, evaluate, and respond to the findings. | Yes | Separate executive summary/policy brief created | Yes | Executive summary included in the report. |
| 6.3 The full HIA report should document the screening and scoping processes and identify the sponsor of the HIA and the funding source, the team conducting the HIA, and all other participants in the HIA and their roles and contributions. Any potential conflicts of interest should be acknowledged. | Most | HIA report documented screening and scoping processes, HIA sponsors and funding source, HIA team members and other stakeholders involved in the HIA. Report did not specifically state who provided input/feedback on scope (attended scoping presentation) or on draft report. | Most | HIA report documented screening and scoping processes, HIA sponsors and funding source, HIA team members and other stakeholders involved in the HIA. Report did not specifically state who provided input/feedback on scope (attended scoping presentation) or on draft report.\ |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
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| 6.4 The full HIA report should, for each specific health issue analyzed: a) discuss available scientific evidence; b) describe the data sources and analytic methods used for the HIA including their rationale; c) profile existing conditions; d) detail the analytic results; e) characterize the health impacts and their significance; f) list corresponding recommendations for policy, program, plan, or project alternatives, design, or mitigations; g) describe the limitations of the HIA. | Yes | HIA report includes all of these | Yes | HIA report includes all of these |
| 6.5 The HIA reporting process should offer stakeholders and decision-makers a meaningful opportunity to critically review evidence, methods, findings, conclusions, and recommendations. The HIA practitioners should address substantive criticisms. | Yes | HIA Lead reports sharing the draft report with PAD Strategic Planning Team and receiving verbal or written comments from Parks and Recreation Department, Sheriff's Department, CEO, and various individuals from LACDPH Leadership. | Yes | HIA Lead reports sharing the draft report with various WRC collaborators and receiving verbal and/or written comments from HIEC, SAPC, Probation Department, Public Defender's Office, Prototypes, and the Sheriff's Department. |
| 6.6 The HIA report should be made available and readily accessible in a format that is accessible to all stakeholders, taking into consideration factors such as education, language, and digital access. | Yes, Room for Improvement | HIA report and Executive Summary was made available on website and distributed via email to wide range of PAD Stakeholders. HIA Lead reports that PAD findings have been made into publicly accessible flyers for distribution at PAD parks. City of Pasadena reports taking PAD findings and having outreach workers share the findings verbally with community members. | Some-what, Room for improvement | HIA report and Executive Summary was made available on website and distributed via email to range of WRC Stakeholders. HIA Lead reports not possible to distribute final report to women participating in focus groups because focus groups were anonymous and not have way to deliver directly to those participants. |
| 7. STANDARDS FOR EVALUATION STEP | | | | |
| <i>Evaluation of the HIA process, impacts, and outcomes is necessary for field development and practice improvement. While evaluation thus plays an important role, it is not an essential element of HIA and in practice is often not conducted. When evaluation is conducted, the following should be considered:</i> | | | | |
| 7.1 The HIA may be evaluated in terms of process. <i>Process evaluation</i> attempts to determine the effectiveness of how the HIA was designed and undertaken, including preparation, research, reporting, participation, and follow-up. Process evaluation may be conducted either after the completion of the HIA, or during the course of the HIA to facilitate adaptations that will improve HIA process. | Yes | Process evaluation being conducted post HIA. | Yes | Process evaluation being conducted post HIA. |
| 7.2 The HIA may also be evaluated in terms of its impact. <i>Impact evaluation</i> seeks to understand the impact of the HIA itself on the decision and the | Yes | Impact evaluation being conducted post HIA. | Yes | Impact evaluation being conducted post HIA. |

| HIA Practice Standards | PAD Achieve? | PAD HIA Notes | WRC Achieve? | WRC HIA Notes |
|--|----------------|---|----------------|--|
| decision-making process. Impact evaluation assesses the extent to which the HIA influenced various stakeholders and the extent to which the HIA recommendations were accepted and implemented. | | | | |
| 8. STANDARDS FOR MONITORING STEP | | | | |
| <i>Monitoring (sometimes termed outcome evaluation) tracks the effect of the proposed policy, project, or program on health outcomes and/or determinants of concern. Monitoring the implementation and outcomes of a decision is properly the responsibility of the project proponent or an authorizing, funding, or implementing public agency. Comprehensive monitoring is not the responsibility of, and usually not within the capacity of, HIA practitioners. Nonetheless, the HIA should, where possible, propose a monitoring plan.</i> | | | | |
| 8.1 The monitoring plan should include: a) goals for short- and long-term monitoring; b) indicators for monitoring; c) triggers or thresholds that may lead to review and adaptation in decision implementation; d) the identification of resources required to conduct, complete, and report the monitoring; and e) a mechanism to report monitoring outcomes to decision-makers and stakeholders. | Yes, Some-what | HIA Lead – With expanded PAD funding, PAD will be hiring outside contracted evaluator to conduct ongoing evaluation of PAD outcomes. This will include data entry of over 15,000 surveys, analyzing crime data, duplicating the HIA analyses, and analyzing the park attendance, services, organizations involved, and summer employment activities. The Evaluator will be creating a profile of each new PAD park and their specific program needs, and will be doing process evaluation with in-person observations. This individual will work closely with the CEO research analyst with the intention of making longer term evaluation recommendations. | Yes, Some-what | HIA Lead and Key Informant - Informal monitoring through follow up conversations is happening. In developing the Pay-for-Success application (which drew extensively from the WRC HIA), HIEC developed a blueprint for a monitoring and evaluation plan for the WRC. The Plan is not funded, but the concept has been established. |
| 8.2 When monitoring is conducted, methods and results from monitoring should be made available to the public, including the affected community, in a timely fashion. | TBD | To be determined how methods and results from PAD Evaluator will be disseminated. | TBD | To be determined if monitoring/evaluation plan is funded. |